

POLICY: EBBB-E
Approved: December 13, 2004
Revised: April 27, 2009

SCHOOL DISTRICT OF HARTFORD JOINT NO. 1

ACCIDENT REPORT

Lincoln _____ Rossman _____ Central _____ Date form filled out _____

Date of injury _____ Time of injury _____

Name of injured _____

Student Employee Age _____ Sex (circle one) M F

Where did the injury occur _____

How did it happen _____

Describe the injury (be specific) _____

First aid measures _____

Supervisor on duty _____ Was he/she a witness _____

Person filling out form _____

This form is to be filled out as soon as possible after the injury occurs and is to be turned into the school office.

Was a note sent home? Yes _____ No _____

Parent or guardian notified by phone? Yes _____ No _____

Was a doctor or dentist's care needed? Yes _____ No _____

Name of doctor or dentist _____

Action taken to prevent future accidents _____

Principal's Signature

Date

White copy to school office Yellow copy to safety director Pink copy to personnel office