

STUDENT ACCIDENT REPORT
Unified School District 303
Ness City, Kansas

Name of Injured _____
Grade _____ School _____ High School _____
Age _____ Sex _____ Parents or Guardians _____
Class or Grade _____ Date _____ Time _____

What was the person doing when hurt? (operation)

Description of accident? (cause and effect)

Nature of injury _____
First aid given _____
By whom _____
Location of accident _____
Unsafe act? _____

School Nurse Notified: Yes No By whom _____ Time _____
Building Principal Notified: Yes No By whom _____ Time _____
Parents/Guardians Notified: Yes No By whom _____ Time _____
Action taken by parents: Returned to Class Sent Home To Nurse
To Hospital Other

Care or treatment by doctor?

Doctor's Name _____

Give names of witness to accident: _____

This report must be completed and filed with the activities director or the school nurse for any student having an accident which requires first aid or the services of the school nurse or doctor or keeps him out of school.

Report Completed by _____ Date _____

Copies: Superintendent / Principal / School nurse

Approved: USD 303 Board of Education May 4, 1992