



STUDENT ACCIDENT REPORT FORM

Form 312-01

Complete this form in duplicate and **submit one copy** within 48 hours of the accident to the Assistant Superintendent – Business Services. Retain a copy for your files.

School or Department: _____ Click below for School or Department List: _____ Transportation Services Only: _____
Route # _____

Student's Name: _____ Age: _____ Male Female

Student's Address: _____

Name of Parent or Guardian: _____

Staff Member in Charge of Student: _____

Date and Hour of Accident: _____

Student's Course or Program During Which Accident Occurred: _____

Provide Complete Details of the Accident below, include the name of any witnesses:

Indicate Nature of the Injury: _____

Indicate Treatment Provided at the Time: _____

Notification	Name of Parent, Guardian, or Emergency Contact	Date and Time	Name of Staff member who notified Contact	Staff Member Initials
If no parental contact was made explain why in "Other Comments"				

Other Comments (follow-up diagnosis, treatment, notification, etc.)

_____ Date

_____ Signature of Supervising Staff Member

_____ Date

_____ Signature of Principal