

# Sarcoxie R-II School District

## Student Accident Report

*(Original copy to the Superintendent's office and a copy goes to the Nurse and one in the student's permanent record.)*

Date of Report: \_\_\_\_\_ School: \_\_\_\_\_ Student's Grade \_\_\_\_\_

Student's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent's Address: \_\_\_\_\_

Date of Accident: \_\_\_\_\_ Time: \_\_\_\_\_

Place of Accident: \_\_\_\_\_

Accident Description:

---

---

---

---

---

---

---

---

Injury Description:

---

---

---

---

First Aid Administered:

---

---

---

---

First Aid Administered by whom: \_\_\_\_\_

Was student disobeying any rule or regulation at the time of the accident? Yes \_\_\_\_\_ No \_\_\_\_\_

School personnel present at the time of the accident:

---

---

---

Student returned to classroom or released to Parent/Guardian? Returned \_\_\_\_\_ Released \_\_\_\_\_

Report submitted by: \_\_\_\_\_

Principal's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Superintendent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_