

HINSDALE

SCHOOL DISTRICT

Accident Report

STUDENT INFORMATION

Student Name: _____ ☐ HES ☐ HMS ☐ HHS

Address: _____

Phone: _____ ☐ Male ☐ Female

Location of accident: _____ Time: _____ ☐ AM ☐ PM

Describe the accident: _____

What activity was occurring at the time of the accident/injury? _____

Under the supervision of what staff member? If none, explain: _____

What medical care was provided, and by whom? _____

Notifications: ☐ Parent/Guardian (required; list name): _____

☐ Principal (required) ☐ School Nurse (required) ☐ EMS ☐ Other (explain): _____

If hazards existed or safety precautions were not followed, please indicate what steps will be taken in the future to ensure that other accidents will not occur: _____

Witness Name(s): _____

What was the outcome of the accident? _____

Printed Name of Form Submitter

Signature

Date

Please check when copies sent to: ☐ Nurse's File ☐ Parent ☐ Principal ☐ SAU/District Office