

STUDENT ACCIDENT REPORT
SAU #18 – Franklin & Hill

Name of Student: _____ Birthdate: _____ Age: _____

Address: _____ Grade: _____
Number and Street City or Town

School: PSS BRS FMS FHS JDB Other: _____

Where at school did injury occur? _____ Date & Time of Injury: _____

Name of Supervising Adult at time of accident: _____

Nature of the injury: _____

How did the accident happen? _____

Student statement: “ _____
_____ ”

Was supervising adult a witness to accident? Yes No

If no, when was accident reported to supervising adult? _____

Was student injured during an extra-curricular event? Yes No

If yes, what event? _____

Student referred to school nurse? Yes No

Was a doctor or EMS called? Yes No

Were parents notified? Yes No

Injured person taken: Home Hospital Returned to Class/Event

Other: _____

Signature of Person Making Report and Date

Job Title

Principal or AD Signature