

Hamilton CCSD #328

Student Accident Report Form FORM J

Student's Name:			
Date of Accident:	/ /	Time of Accident:	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.
Student's Date of Birth:	/ /	Student's Grade:	
Student's Sex:	<input type="checkbox"/> Male <input type="checkbox"/> Female		

Accident Information

Name of School where accident occurred:	
Place of accident (i.e. - playground, gym, cafeteria, etc.):	
Nature of the Injury:	
Detailed Description of the Accident, How did it occur:	
Was first aid given?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did the student seek medical treatment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, Name and Address of the Doctor/Hospital:	
Was the student hospitalized?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was the student absent from school due to the accident?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Who was the Teacher on duty at the time of the accident:	
Witnesses and Statements:	

Parent/Guardian Information

Name of Parents or Guardian:	
Were the student's parents/guardian notified of the incident?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, explain Parent Notification:	