

Timberlane Regional School District	Procedure Code: EBBB-X
Adopted: 01-01-83 Reaffirmed: 02-07-91	Page 1 of 1

ACCIDENT REPORT FORM

INSURED: Yes _____
No _____

SCHOOL _____ DATE OF ACCIDENT _____ TIME _____

NAME OF INJURED _____

GRADE _____ AGE _____ TELEPHONE NUMBER _____

NATURE OF INJURY _____

How did the accident happen? (Be sure to include names of persons and equipment involved.)

What response was made to the accident? _____

Was a doctor called? Yes _____ No _____ Time Called _____

Name of Doctor _____ Phone _____

Address _____

Was injured person taken home? _____ Returned to class? _____ Other _____

Where parents notified? Yes _____ No _____ Time Notified _____

Names of Witnesses _____

Address _____ Phone _____

Address _____ Phone _____

Name of Teacher on Duty _____

Principal's Signature _____ Date _____

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