

CARTERET COUNTY PUBLIC SCHOOLS

STUDENT ACCIDENT REPORT

I. Date/Time of Accident

Date of Accident _____ Time of Accident _____

Date Accident reported _____

II. Personal Information

Name of Student _____

Age _____ Birth date _____

School attending _____

Grade _____

Parents/Guardian (if applicable) _____

Address of Student _____

Telephone number _____

III. Geographical Location of the Accident

A. General information (i.e., school property or other property)

B. Specific information (i.e., first floor, room number, playground, etc.)

IV. Witnesses

A. Name of witnesses to the accident

Name _____

Address _____

Telephone number _____

Name _____

Address _____

Telephone number _____

B. Name of school employee who should be contacted to discuss the accident

Name _____

Job Position _____

School _____

Y. Description

A. Description of how the accident occurred

B. Description of body injury

VI. Treatment

A. Was treatment given? _____ Yes _____ No

B. Who rendered treatment? (Please check the appropriate person)

- | | |
|-------------------|---------------------|
| School Nurse | Principal |
| Teacher | Assistant Principal |
| Teacher Assistant | School Volunteer |
| Parent | Rescue Squad |
| Office Staff | Other |

*If Other, please give name and position: _____

VII. Follow-Up

A. Were the parents notified? Yes No

B. Was the school principal notified Yes No

C. Was there follow up treatment? (i.e., transported to the hospital, picked up, physician diagnosis)

VIII. Other Information/Comments

*****_*****

Signature of person completing report

Date

<p>Return completed forms to: Finance Department Central Office, Carteret County Public Schools</p>
