

# VALLEY FALLS - U.S.D. #338 STUDENT ACCIDENT REPORT

This report is to be completed and given to the building principal by the injured person's supervisor prior to the beginning of the next school day.

Student Name  Grade

Day of Accident  Date of Accident  Time

Exact Location of Accident   A.M  
 P.M

Was Accident Observed by Supervisor?  Yes  No

Did Supervisor Interview Injured Person?  Yes  No

Did Supervisor Interview Witnesses?  Yes  No

BRIEFLY DESCRIBE ACCIDENT. How did it occur? Identify all those involved, the conditions, equipment involved, etc.

Was Student Wearing/Using Required Safety Equipment?  Yes  No  
 Non-applicable

Was the office or an administrator notified?  Yes  No

Was the parent called?  Yes  No

Did the student leave school?  Yes  No

Was student taken to doctor or clinic?  Yes  No

Was student taken to a hospital?  Yes  No

Was any first-aid administered on the scene?  Yes  No

If Yes, Describe:

Signature of Supervisor  Date

\*Attach Statements of eyewitnesses if applicable.