

CORRY AREA SCHOOL DISTRICT

STUDENT ACCIDENT REPORT

School _____ Date _____

Name of Student Injured _____

Address _____ Phone _____

Parent/Guardian _____ Grade _____

Date of Accident _____ Time _____

Place of Accident _____

Details of Accident

Who was in charge? _____

What first aid was given? _____

Was injured taken home? _____ To hospital? _____

To doctor? _____

Who was notified? _____

What are the apparent injuries?

No medicine to be given by mouth. Example: Aspirin

Please report all accidents the day of the occurrence. Place in **BUILDING PRINCIPAL'S** mailbox by close of day. Copy of report must be sent to the Business Manager.

Date _____ Signed _____