

J McQUAID JESUIT

REPORT OF ACCIDENT TO PUPIL

NAME OF PUPIL: _____ AGE: _____ HOMEROOM: _____

ADDRESS: _____

DATE AND TIME OF ACCIDENT: _____

PLACE (*classroom, recess, dismissal, etc.*) _____

IF IN SPORT: Practice: _____ Game: _____ Scrimmage: _____

HOW ACCIDENT OCCURRED AND DESCRIPTION OF INJURY (explain fully) _____

FIRST AID GIVEN: _____

TEACHER OR PERSON RESPONSIBLE FOR PUPIL AT TIME OF ACCIDENT _____

DATE: _____

Signature and Position

PARENT OR PERSON NOTIFIED: _____

PUPIL SEEN BY NURSE: YES: _____ NO: _____

SIGNATURE OF SCHOOL NURSE: _____ DATE: _____

SIGNATURE OF PERSON RESPONSIBLE _____

FOR PUPIL: _____ DATE: _____

WITNESS TO ACCIDENT: _____

COMMENTS: _____

WAS THE CHILD SEEN BY A DOCTOR? YES _____ NO _____