

Summit Academy Accident Report

Name _____

Date ___/___/___ Age _____

Learning family/room _____

Time of accident _____

Place of accident _____

Description of the accident

How did the accident happen? Where was the student? What was the student doing?
Please be specific.

Teacher in charge when accident occurred _____

Present at scene of accident _____

Witnessed by _____

First aid treatment description

Was a parent notified? _____

Child was sent home? _____ Child was sent to hospital? _____

Signed:

Principal _____

Teacher/Para _____