

Banks School District No. 13

ACCIDENT REPORT

DATE: _____

TO BE FILLED OUT **IMMEDIATELY** AFTER ANY ACCIDENT AND FILED IN THE OFFICE

INJURED PARTY: _____ AGE: _____ GENDER: _____

NATURE OF THE ACCIDENT (DESCRIBE FULLY): _____

NATURE OF THE INJURY (BODY PART): _____

DATE OF INJURY: _____ HOUR: _____ AM PM

EXACT PLACE WHERE ACCIDENT OCCURRED: _____

TREATMENT OR ACTION TAKEN: _____

NAME OF SUPERVISING ADULT: _____

NAME: _____ AGE: _____

ADDRESS: _____ PHONE: _____

NAME: _____ AGE: _____

ADDRESS: _____ PHONE: _____

REPORT MADE BY: _____

Received in office

Date: _____ Hour: _____ AM PM

Principal's or Designee's Signature: _____

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