

Accident/Injury Form

Student Name:
Date of Accident:
Nature of Injury (Sprained ankle, etc.):
How did the accident occur: <hr/> <hr/> <hr/> <hr/>
Where did the accident occur?
What time did the accident occur?
What supervisor was on duty?
Name of activity (PE, Recreation, etc.):
Notes: <hr/> <hr/> <hr/> <hr/>
For Office Use
Date claim mailed to parent/guardian:
Notes: <hr/> <hr/> <hr/> <hr/>