

DIXON PUBLIC SCHOOLS
Dixon, Illinois

Original - Child's Health Folder
Copy - Principal's Office
Copy - Supt's Office

ACCIDENT REPORT
(To be made within 24hrs. of accident)

Name _____ Address _____

Date _____ Time _____ Date Reporting _____

Parents Name _____ Phone _____

School Attending _____ Grade _____ Age _____ Sex

Location of Accident _____

What was person doing
(Be specific) _____

Nature of Injury:
(cut, bruise, swelling, etc.) _____

Witnesses: None

1. Name _____ 2. Name _____

Name of responsible adult in area. _____ Signature of Responsible Adult _____

School Insurance: Yes No

Action Taken:

Returned to classroom Yes No

Taken home Yes No

Taken to hospital Yes No

Taken to private physician Yes No

Parent notified Yes No

School Nurse notified Yes No

Other individuals notified: Name _____ Relationship _____

Signature of person administering first aid: _____

Follow-up information: _____

Date _____

Comments: _____

Health Services Coordinator _____

Administration initial _____