

DIXON PUBLIC SCHOOLS  
Dixon, Illinois

Original - Child's Health Folder  
Copy - Principal's Office  
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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 \_\_\_\_\_