

**SCHOOL DISTRICT OF LOMIRA
STUDENT ACCIDENT/INJURY REPORT**

Student Name: _____ Age: _____ Sex: _____ Grade: _____ Phone: _____

Parent: _____ Address: _____

Date of Accident: _____ Time: _____ Person in Charge: _____

Accident witnessed? No Yes - by whom? _____

Parents notified at: _____ am/pm By: _____ If not parent, was alternated notified? _____

Name of Alternate: _____ Relationship to student: _____

❖ **ACTION:**

Rescue Squad or Doctor called? Yes No By: _____ Transported to: _____

Parent or Alternated Action: _____

❖ **LOCATION:**

Location of Accident: _____ Cause of Injury: _____

Nature of Injury: _____ Anatomical location of Injury: _____

❖ **SPECIFICS:**

How did the accident happen? Briefly describe any special conditions. _____

Specific action taken:

➤ No first aid necessary _____

➤ First aid – what was done? _____

Recommendations to prevent possible reoccurrence: _____

Signature of person(s) completing report

Signature of building principal

Date