

LEBANON SCHOOL DISTRICT - SCHOOL ACCIDENT REPORT

TIME AND PLACE

Date: _____ Time: _____ School: _____

INJURED

Name: _____ Age: _____

Parent's Name: _____ Grade: _____

Address: _____ Tel #: _____

Parent's
Notified: Yes _____ No _____ If not, then reason _____

THE INJURY

Description of accident: _____

Nature and extent of injury: _____

Treatment administered, if
any: _____

Name and number of physician notified if applicable: _____

Student was being supervised
by: _____

WITNESSES

Name: _____ Address _____

Name: _____ Address _____

Accident reported by: _____

Signature of Health Professional signing this form:

_____ Date

ACCIDENT SITE FOLLOW-UP

Follow up inspection of equipment / area: _____

Action
Taken: _____

Signature of Principal completing follow-up section:

_____ Date