SISTERS SCHOOL DISTRICT NUMBER 6 STUDENT ACCIDENT REPORT

Name of School		
Instructions: READ occur while they are undadministrative or court rathe way to and from schimportant: It is essential existing when the accidental of the court	der the jurisdiction of the schuling are those occurring whool. The report should be mal that the accident be describent occurred. (When possible H	ped in sufficient detail to show safe and unsafe acts and conditions
3. Time of accident: I	HourA.M.	P.M. Date
	School building/ground	
5. Apparent Nature of Injury	Abrasion Bruise Burn Cut Fracture Laceration Puncture Scratches Sprain Other	Description of Accident and Treatment Given How did the accident happen? What was the student doing? Where was student? List specifically unsafe acts and unsafe conditions existing. Specify any tool, machine, or equipment involved.
Part of Body Injured	Ankle Arm Back Blbow Sye Face Finger Foot Hand Head	Witness's Name Address
	Cher	
1	First Aid Treatment	By (name)
6.	Sent to school nurse	By (name)
Immediate	Sent home Sent to physician	By (name)By (name)
Action Taken	Sent to hospital	Physician's name
	How was student transported	Hospital named?

Please turn over and continue report.

Sisters School District Number 6 Student Accident Report, continued

Votiti-	Name of Individual Notified	otified?NoYes How?
8. Location	Athletic field Auditorium Classroom Corridor Cafeteria Dressing Room Gymnasium Home Ec Laboratory Grounds Shop	Follow – up (to be completed by 1 st aid provider)
	Showers Stairs Other (specify)	Total number of days lost from school(To be completed when student returns to school.)
	40-	
Date		
Date Person filling rep	port	
Person filling rep	port	
Person filling rep Delegated Staff (oort (if no nurse present)	
Person filling rep Delegated Staff (District nurse	oort (if no nurse present)	
Delegated Staff (District nurse	oort (if no nurse present)	