## SISTERS SCHOOL DISTRICT NUMBER 6 STUDENT ACCIDENT REPORT

## Name of School

Instructions: READ CAREFULLY. Fill in completely. Use this form to report all accidents to students that occur while they are under the jurisdiction of the school. School jurisdiction accidents unless otherwise defined by administrative or court ruling are those occurring while the students are on school property, in school buildings, and on the way to and from school. The report should be made out in triplicate.
Important: It is essential that the accident be described in sufficient detail to show safe and unsafe acts and conditions existing when the accident occurred. (When possible use a checkmark.)

1. Name $\qquad$ Home Address $\qquad$
2. Sex $\square \mathrm{M} \square \mathrm{F}$ Age $\qquad$ Teacher $\qquad$
3. Time of accident: Hour $\qquad$ A.M. P.M. Date $\qquad$
4. Place of accident: $\square$ School building/grounds $\square$ ro or from school $\square$ Interscholastic athletics


Please turn over and continue report.

Sisters School District Number 6
Student Accident Report, continued
Student Name $\qquad$

| 7. <br> Notifi- <br> cation | Was the parent or other individual notificed? $\square \mathrm{No} \square$ Yes How? <br> Name of Individual Notified <br> By whom? (enter name) |
| :---: | :--- |



Date $\qquad$
Person filling report $\qquad$
Delegated Staff (if no nurse present) $\qquad$
District nurse $\qquad$
Principal $\qquad$

Distribution: $\qquad$ District Office $\qquad$ School Building $\qquad$ School Nurse

