



Standard Student Accident Report

School personnel are responsible for reporting a student accident that results in an injury requiring, or that may require, medical attention, which occurs as follows: on school premises, on any school sponsored field trip, extracurricular activity, AACPS athletic event, or on a school bus to or from school. Within 24 hours of the accident the principal, appropriate supervisor, or coach will insure that this form is completed. Forward the completed report to the Insurance and Safety Management Office. It will be necessary to maintain a copy in the school file for five (5) years.

Name of injured Student			Age	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Grade
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Parent/Guardian Name			Home Phone No.		
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Home Address		City	State	Zip
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Date of Accident	Time of Accident	School Employee in Charge
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Place of Accident (bus, playground, etc.)	If School bus, Bus stop, Bus number
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Activity Engaged in (Phys. Ed, recess, etc.)
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Type of Injury (broken arm, cut finger, etc. - Be Specific)

Description of Accident (What was the student doing?)

Was First Aid given? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, by whom?
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Person(s) Present at time of accident	Name	Name
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Person(s) Present at time of accident	Address	Address
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Where was student taken?	How
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Was parent/guardian notified? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Could not be reached	How
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Name and address of doctor handling case
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Remarks

Reported by (Name & Position)	Date of Report
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