

# Natchitoches Parish School Board

## STUDENT ACCIDENT REPORT FORM

STUDENT'S NAME \_\_\_\_\_ GRADE \_\_\_\_\_ AGE \_\_\_\_\_

NAME OF PARENT/GUARDIAN \_\_\_\_\_ PHONE NO. \_\_\_\_\_

ADDRESS OF PARENT/GUARDIAN \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

DATE OF ACCIDENT \_\_\_\_\_ TIME OF ACCIDENT \_\_\_\_\_ AM \_\_\_\_\_ PM \_\_\_\_\_

PLACE WHERE ACCIDENT OCCURRED P.E. CLASS RECESS SPORTS CLASSROOM

OTHER \_\_\_\_\_

DESCRIBE FULLY HOW ACCIDENT OCCURRED

NATURE AND EXTENT OF INJURY (STATE EXACT BODY PART AFFECTED)

NAME(S) OF WITNESSES

STUDENT TREATED BY (NAME & POSITION)

CHECK APPROPRIATE SPACE      RETURNED TO CLASS      SENT TO HOSPITAL      SENT HOME

OTHER

WERE PARENTS NOTIFIED?      YES      NO

COMMENTS

SCHOOL \_\_\_\_\_ TEACHER \_\_\_\_\_

PRINCIPAL'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**NOTE: THIS FORM MUST BE COMPLETED ENTIRELY AND SIGNED AND DATED BY THE PRINCIPAL. THE ORIGINAL (NOT A COPY) IS TO BE SENT TO MICHAEL MILNER AT THE CENTRAL OFFICE AS SOON AS POSSIBLE.**