

Minford Local Schools
Student Injury/Accident Report

Name of Student _____ Date of report _____

Student Address _____

Phone # _____ Grade _____ Age _____ Sex : _____ M _____ F

Date and time of accident _____

Place of accident _____

State briefly, but completely, what happened _____

List witness's _____

Description of injury _____

Description of first aid rendered _____

By whom rendered _____

When and how parents were informed _____

Disposition of case (home, hospital, other) _____

Nurse's Signature

Teacher's Signature