

AUBURN-WASHBURN USD NO. 437
STUDENT ACCIDENT REPORT

THIS FORM MUST BE COMPLETED IMMEDIATELY AFTER EACH STUDENT ACCIDENT WHEN THERE IS INJURY WHICH COULD RESULT IN MEDIAL REFERRAL. (FORWARD TOP SHEET TO THE DISTRICT BUSINESS OFFICE AND SENT THE YELLOW SHEET TO THE HEALTH ROOM OF THE STUDENT'S ATTENDANCE CENTER.)

NOTICE OF INJURY:

Name of School _____

Name of Student _____

Grade _____ Age _____ Date of Injury _____ Time _____ a.m. _____ p.m. _____

Under whose supervision? _____

Was he/she a witness? _____

Other witnesses: (1) _____ (2) _____

The accident occurred while the student was participating in:

INTERSCHOLASTIC SPORTS		NON-INTERSCHOLASTIC SPORTS
____ Practice	What Sport? _____	____ Travel to/from school
____ Game		____ In classroom
____ Travel		____ Physical Education
		____ On school grounds
		____ Non-school activity
		____ Other (please specific)

How did the accident happen and extent of injury? _____

Reported by: _____ Dept. _____

Immediate action taken: _____

Parent's notified? _____ By whom? _____

Date of Report? _____

Signature _____ Dept. _____

If you need to make additional notes, please attach a supplemental sheet to this report.