

STUDENT ACCIDENT / INJURY AND INCIDENT REPORT

Independent School District No. 709
Duluth, Minnesota

Supervisor or witness at accident scene shall fill out report! Submit to the Facilities Management office within 24 hours.

Date of accident ____ / ____ / ____ Time _____ School _____

Name of student _____ Grade _____ Sex: Female Male

Parents _____ Address _____ Phone _____

Part of body injured (arm, leg, etc.) _____

Describe injury (bump, bruise, fracture, etc.) _____

Describe how accident occurred, individuals involved _____

(If additional space required, please use reverse side)

Was time lost from school? Yes No No. of days _____ Date returned ____ / ____ / ____

Location of accident:

School: Grounds Building Location in Building (Room No.) _____

Non-school: Home Other _____

Was parent / guardian notified? Yes No By whom? _____

Was area supervised? Yes No Name of Supervisor _____ Title _____

Was first-aid given? Yes No By whom? _____ Title _____

Describe what first aid, treatment, etc. was given _____

Was professional medical attention required? Yes No Ambulance? Yes No

Name of professional _____ Place of treatment _____

Signature _____ Date ____ / ____ / ____

Supervisor or witness

Additional comments or follow-up information

Signature of Principal _____