

Date: _____

School District of Altoona

Accident Form

Person Injured:

Name: _____ Grade: _____

Age: _____ Sex: _____

Address: _____

Type of Injury: _____

How Accident Happened: _____

Location of Accident: _____

Time & Date of Accident: _____

Name of Teacher/Coach/Advisor on Duty: _____

Witness(es): _____

First Aid Offered: _____

Name, Relationship and Time Parent/Guardian was notified: _____

Sent home (Circle One): Yes No Other (Explain) _____

Doctor Contacted: _____

Hospital Contacted: _____

Signature of Teacher/Coach/Advisor: _____

Signature of Administration: _____