

Pine Valley Central School District

Student Accident Report

**\*\*\*NOTE:** Report each accident promptly. Fill out all blanks carefully. Return to School Nurse. Be sure student sees the School Nurse as soon as possible.

STUDENT NAME: SEX: AGE:

GRADE: DATE OF ACCIDENT: TIME:

PLACE OF ACCIDENT:

MAJOR ACTIVITY ENGAGED IN

PART(S) OF BODY INJURED:

TYPE OF INJURY:

PERSON SUPERVISING AT THE TIME OF ACCIDENT:

HOW DID THE ACCIDENT HAPPEN?

FIRST AID TREATMENT, IF ANY:

SUBMITTED BY:

DATE:

REMARKS: