

INDIVIDUAL ACCIDENT REPORT -- (Requiring Medical Attention)

File
Ins. Co.
Central. Office

SEND GREEN COPY TO CENTRAL OFFICE

School: _____ Date: _____

Person Injured: _____ Grade: _____ Age: _____

Date of Injury: _____ Time of Injury: _____

Person Supervising at Time of Accident: _____

Activity: _____ Place of Injury: _____

Kind of Injury: _____

How: _____

Parents Notified: Yes _____ No _____ Rescue Unit Called: _____ Transported to Hospital: _____

If Transported -- By Whom: _____

Time Dismissed from School: _____ Person Reporting: _____

Parent/Guardian Name: _____

Address: _____

Phone: _____

Approved: January 25, 2006