

HOLLAND PATENT CENTRAL SCHOOL DISTRICT
STUDENT ACCIDENT REPORT
(for claim)

Date of Accident: _____ Time of Accident: _____ Date Reported to School: _____

Student Injured _____ Age: _____ Grade: _____

Address: _____ Telephone (Home): _____

Parent/Guardian Names: _____ Telephone (Work): _____

Student in class or activity with supervision? Yes _____ No _____

Check specific activity: PE _____ Lunch time Recess _____ Interscholastic _____ Intramural _____
Other: _____

If accident occurred on bus: Bus Number _____ Serial Number: _____

Bus Make and Model: _____

Bus Driver: _____

Person in charge of group: _____

Brief description of accident: _____

Description of injury: _____

Treatment given to student: _____

Was student taken to doctor or hospital? Yes _____ No _____

Was parent/guardian notified? Yes _____ Name _____ Not necessary _____

If not, reason: _____

Signature of person filling out this report _____ Date _____

Signature of Building Nurse: _____ Date _____

Nurse comments/follow-up: _____

Signature of Building Principal: _____ Date _____