



# MINNESOTA VALLEY EDUCATION DISTRICT

801 Davis Street, St. Peter, MN 56082 Office: 507-934-5420 Fax: 507-934-5893

~ Preparing Learners for Life ~

## Accident Report

This report is to be filled out by the person supervising student or person treating injury. Please use back of this report if more writing space is required. All accident reports should be turned in at the nurse's office.

### Student Information

Date of report of injury \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_ Student's name \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ Teacher \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_ Parent/Guardian \_\_\_\_\_

### Accident Information

Date of accident \_\_\_\_\_ Time \_\_\_\_\_ Place (indicate specific location) \_\_\_\_\_ How did injury occur (student's version)? \_\_\_\_\_

Describe injury (be specific- use right, left, etc.) \_\_\_\_\_

What was done for the injured? \_\_\_\_\_ Was parent/guardian notified? \_\_\_\_\_

Yes, time notified \_\_\_\_\_ Notified by \_\_\_\_\_ No, reason for not notifying \_\_\_\_\_

Witness of accident \_\_\_\_\_

Student supervised by \_\_\_\_\_ Did supervisor see accident? Yes \_\_\_\_\_ No \_\_\_\_\_ Supervisor's version (make as complete and concise as possible). If you did not see the accident, what did you learn from witnesses? \_\_\_\_\_

Supervisor's signature \_\_\_\_\_

Was injury checked by the school nurse? Yes \_\_\_\_\_ No \_\_\_\_\_ Did this accident require doctor's attention? Yes \_\_\_\_\_ No \_\_\_\_\_ Unknown \_\_\_\_\_ Dr's Name \_\_\_\_\_

### Follow-Up Information

Who is going to check with the injured person after treatment? \_\_\_\_\_

Final Disposition \_\_\_\_\_ Signature of

person completing report \_\_\_\_\_ Date: \_\_\_\_\_ Signature of Principal

Date: \_\_\_\_\_