

**PARK COUNTY SCHOOL DISTRICT #6  
BOARD OF EDUCATION POLICY**

CODE: EBBB-E(1)

**PERSONAL INJURY  
ACCIDENT REPORT FORM**

Name of Student/Staff Member \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_

Date of Injury \_\_\_\_\_ Time of Injury \_\_\_\_\_ a.m.-p.m.

Injury Reported by \_\_\_\_\_

Nature of Injury \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Supervising Teacher \_\_\_\_\_

Witnesses to Accident \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Describe the aid/treatment given to injured student/staff member:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Nurse called: Yes No

Parent called: Yes No

Doctor called: Yes No

Student Sent Home: Yes No

Use back of this sheet for additional information.

Supervising teacher's signature \_\_\_\_\_

Nurse's signature \_\_\_\_\_

Principal's Signature \_\_\_\_\_

Adopted: 1/20/98