

Accident/Injury Report Form

Instructions: Please complete the following in its entirety:

Name of Facility		Telephone	
Facility Address:			
Name of Injured Child or Adult:		Date of Injury:	Time of Injury:
Address of Injured Child or Adult:		Phone Number of Injured Child or Adult:	
Age:		Male or Female (circle one)	
Name of Witness:		Phone Number:	
What type of accident or injury?		Where did the accident or injury occur:	
Name of Activity:		Indicate the sport (If Applicable):	
Did the accident occur:			
A. While the child or adult was supervised?			
B. During a sponsored activity?			
C. During programmed hours?			
D. While traveling to or from regularly scheduled activity in a supervised group?			
Date last worked or in school:		Date returned to work or school:	
Please provide a description of the accident or injury (describe fully, including which part of the body was injured):			
Describe what caused the accident or injury:			
Describe what the adult/child was doing:			

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What First Aid was given and/or action taken? If yes, please describe:	
Was the accident or injury diagnosed by a physician? If yes, please provide the following:	
Name of Diagnosing Physician:	If Fatality, Cause of Death:
Local Medical Examiner Notified?	Autopsy Performed?
Were any handicaps, health problems or exceptions listed on the child's health record? If yes, please explain.	
After thinking about the accident/illness, is there any action you would suggest to prevent it from happening again?	

School Principal *(Please Print)*

Signature

Person Completing the Report *(Please Print)*

Signature

For AEC Office of Education Use Only:

Received By *(Please Print)*

Signature and Date

AEC Superintendent of Schools

Date