

SCHOOL DISTRICT OF COLBY
Accident Report Form

Name of injured person _____ Grade _____

Date of injury _____ Time of Injury _____

Where did this injury occur _____

Left Right

The accident occurred while student was participating in _____

Describe the injury _____

Describe how accident or injury occurred _____

First aid procedures administered (be specific) _____

Have the parents been notified? Yes No

Who notified parents? _____

Additional Comments _____

Signature Person Reporting Accident

Date of Report