

# HALL COUNTY SCHOOL SYSTEM STUDENT ACCIDENT REPORT

Please complete all Sections

To be completed by School Staff/Witness

School: \_\_\_\_\_ Accident date: \_\_\_\_\_ Time: \_\_\_\_\_ a.m. \_\_\_\_\_ p.m. \_\_\_\_\_

Student Name: \_\_\_\_\_ Home Telephone # \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_

Did school staff witness accident? Yes \_\_\_\_\_ No \_\_\_\_\_

Type of injury: \_\_\_\_\_ Part of body affected: \_\_\_\_\_

School staff witness/description of accident and location: \_\_\_\_\_  
\_\_\_\_\_

Name of supervising staff when accident occurred \_\_\_\_\_

Action taken: Sent to clinic \_\_\_\_\_ accompanied by: \_\_\_\_\_

Sent to office \_\_\_\_\_ accompanied by: \_\_\_\_\_ Nurse called to scene: \_\_\_\_\_

Adult witness/School Staff signature: \_\_\_\_\_ Date: \_\_\_\_\_

To be completed by School  
Nurse, if seen in Clinic

If seen by school nurse, please describe nature of injury: \_\_\_\_\_  
\_\_\_\_\_

Actions taken by school nurse: \_\_\_\_\_  
\_\_\_\_\_

School nurse signature: \_\_\_\_\_ Date: \_\_\_\_\_

To be completed by School  
staff, Nurse or Office Staff

Parent/Guardian notified: Yes: \_\_\_\_\_ No: \_\_\_\_\_ Time: \_\_\_\_\_ a.m. \_\_\_\_\_ p.m. \_\_\_\_\_

By whom: \_\_\_\_\_

Student Released: Back to class \_\_\_\_\_ To parent/guardian \_\_\_\_\_ 911 called \_\_\_\_\_

Sent to hospital by ambulance \_\_\_\_\_ by: personal vehicle/name: \_\_\_\_\_ Time: \_\_\_\_\_

Principal Signature \_\_\_\_\_ Date: \_\_\_\_\_ Date received: \_\_\_\_\_

Superintendent's office notified: Yes: \_\_\_\_\_ No: \_\_\_\_\_

Please forward ASAP a copy to the Central Office/Health Services Coordinator