

Hall County School System
STUDENT INJURY / ACCIDENT REPORT
To be completed by Principal or Appropriate Designee

COMPLETE THIS FORM AND FORWARD TO THE BUSINESS OFFICE AS SOON AS POSSIBLE IF A STUDENT SUFFERS AN INJURY OR HAS AN ACCIDENT SEVERE ENOUGH TO REQUIRE THE STUDENT TO LEAVE SCHOOL. TO REQUIRE PARENT NOTIFICATION, OR TO REQUIRE MEDICAL TREATMENT AT A FACILITY OUTSIDE THE SCHOOL.

School/Location _____ Accident Date _____ Time _____ am / pm

Student Name _____ Home Phone _____

Address _____

City/State/Zip _____

Parent/Guardian Name _____

Address (if different from above) _____

Describe accident, injury sustained, and location where accident occurred.
(Teacher / Bus Driver / Paraprofessional, etc. statement)

Names of supervising staff at time of the accident. Driver _____

Teacher _____ Paraprofessional _____

Monitor/Aide _____ Other _____

Person (s) notified of the accident _____

Parent/Guardian: Yes _____ No _____ Principal: Yes _____ No _____

Did the student go to the office? Yes _____ No _____

Did the student require dismissal from school? Yes _____ No _____

Did the student require medical treatment? Yes _____ No _____

If yes, do you know the extent of the treatment? (Brief Statement) _____

Was the Superintendent's Office notified? _____

Signature of Reporting Individual
(Teacher/Bus Driver/Paraprofessional/Monitor, etc.)

Date

Signature of School Official

Date