HALL COUNTY SCHOOL SYSTEM
STUDENT ACCIDENT REPORT
Please complete all Sections

School: ____________________ Accident Date: _______ Time: _____ a.m. __ p.m. __
Student Name: __________________ DOB: _____ 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: _______

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

Actions taken by school nurse: ___________________________
School nurse signature: ___________________________ Date: _______

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/Andrea Williamson-English,
Health Services Coordinator.

*If additional information becomes available at a later time, notify Andrea Williamson-English by email.
Updated: 3/25/2021