

**Student Injury / Accident Report  
Hall County School System**



**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 and 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: \_\_\_\_\_  
Number Street City State Zip

Parent/Guardian Name: \_\_\_\_\_

Address (if different from above): \_\_\_\_\_  
Number Street City State Zip

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Names of supervising staff at time of 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?:  Yes  No

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

Signature of School Official \_\_\_\_\_ Date \_\_\_\_\_