Siuslaw School District 97J

Code: **EBBB-AR**
Revised/Reviewed: 07/09/97; 01/08/14

Accident Report

Name of injured: _____
First Middle Initial Last

Address: _____

Telephone: _____

Date of accident: _____

Time of accident: _____

Place of accident: _____
Building, room, area

Check one:
Student ( )
Employee ( )
Patron ( )

Check one:
Class activity ( )
Athletic practice or game ( )
Nonclass time ( )

Personal responsible for supervision: _____

Nature of injury: _____

Describe accident fully and in detail: _____

_____

_____

Was first aid or other immediate treatment given? If so, describe: _____

_____

Name of person(s) administering first aid: _____

_____

Was the injured taken to a physician? _____

Name(s) of witnesses: _____

_____

Signature of injured party: _____ Date _____