

MONROEVILLE LOCAL SCHOOLS
101 WEST STREET
MONROEVILLE, OH 44847
419-465-2610

STUDENT ACCIDENT/INJURY REPORT

This report is to be filled out by the person responsible for students at the time of accident during school activity.

STUDENT _____ DATE OF ACCIDENT _____

BUILDING/LOCATION _____ TIME OF ACCIDENT _____

SUPERVISING TEACHER _____ PLACE OF ACCIDENT _____

ACTIVITY IN WHICH ACCIDENT OCCURRED _____

DESCRIPTION OF INJURY _____

HOW DID INJURY OCCUR? _____

FIRST AID TREATMENT _____

WERE PARENTS NOTIFIED? ____ YES ____ NO If yes, when? _____

PARENT NAME _____ PHONE # _____

If no, Explain _____

WAS STUDENT TAKEN TO DOCTOR OR HOSPITAL? ____ YES ____ NO

REMARKS: _____

EYE WITNESS(ES): 1. _____

2. _____

Signature of person making report

Signature of Principal

(Please file a copy of this report with your principal immediately after any accident occurs to a student.)