



# SCHOOL ACCIDENT/INJURY REPORT



Great Falls Public Schools

To be used for reporting an accident or incident involving students, parents, visitors, etc.  
Copies are to be submitted to the office of Director of Business Operations.

**Please complete all items requested on this form**

**Date of Accident:** \_\_\_\_\_ **Time of Accident:** \_\_\_\_\_

**Name of Injured:** \_\_\_\_\_ **Parent's Name:** \_\_\_\_\_

**Age:** \_\_\_\_\_ **Male** \_\_\_ **Female** \_\_\_

**School:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_ **Home Phone Number:** \_\_\_\_\_

\_\_\_\_\_ **Parent's Work Phone:** \_\_\_\_\_

**Location of Accident:** \_\_\_\_\_

**Description of Accident:**

**Person In Charge When Accident Occurred:** \_\_\_\_\_

**Immediate Action Taken:**

\_\_\_ First-aid Treatment \_\_\_ Sent to School Office \_\_\_ Taken Home \_\_\_ Referred to Doctor \_\_\_ Sent to Hospital

By whom: \_\_\_\_\_

**Notification:**

\_\_\_ Parent \_\_\_ Guardian \_\_\_ Doctor \_\_\_ Nurse \_\_\_ Teacher \_\_\_ Other By Whom: \_\_\_\_\_

**How Notified:** \_\_\_\_\_ **When:** \_\_\_\_\_ **By Whom:** \_\_\_\_\_

**Disposition:**

\_\_\_ Taken Home \_\_\_ Taken to doctor's office \_\_\_ Taken to hospital \_\_\_ Other: \_\_\_\_\_

**Witnesses:**

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**Miscellaneous Information:**

Person Submitting Report: \_\_\_\_\_ Contact Phone No. \_\_\_\_\_

Signed by Principal/Nurse: \_\_\_\_\_ Contact Phone No. \_\_\_\_\_

Distribution: Keep a copy for your records and send original to Director of Business Operations at District Offices