

**RANGELEY LAKES REGIONAL SCHOOL
REPORT OF STUDENT ACCIDENT**

Instructions: Whenever an accident occurs that results in a personal injury that requires medical attention (i.e. referral to school nurse or a community health resource) a REPORT OF ACCIDENT form shall be completed and submitted to the Principal

REPORT INFORMATION

Date of accident: _____ Time: _____ am or pm

Individual injured: _____

Grade: _____ Age: _____ Teacher: _____

Parent/guardian name: _____

Parent/guardian address: _____

Parent/guardian phone number: _____

ACCIDENT INFORMATION

Supervisor in charge at time of accident: _____

Did Supervisor see the accident: _____ YES. _____ NO

Witness(s) to accident: _____

Location of accident: _____

Explanation of how accident occurred: _____

Describe the injury (be as specific as possible i.e. right or left side, etc.) _____

Action taken to attend to injury (who did what): _____

School nurse called: _____ YES _____ NO

Individual taken to hospital: _____ YES _____ NO If yes by whom: _____

Name of hospital/clinic/doctor: _____

Parent was called by whom: _____ Time called: _____

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FOLLOW UP REPORTING

Reported by: _____

Date of report: _____ Time: _____ am or pm

Date of follow up: _____ By whom: _____

Follow up report: _____

Principal signature

Date

Cc: Student's health file
School Nurse file