

HARRISON COMMUNITY SCHOLS
Student Accident and Special Illness Report Form

NOTE: TO BE MADE OUT AND FILED **IMMEDIATELY** WITH THE PRINCIPAL

Name of Student: _____ Date: _____

Person Reporting _____ Time _____ A.M. _____ P.M.

Place Accident occurred (be accurate) _____

Description of accident or illness: _____

Description of first aid given: _____

Results: _____

Physician notified: _____ Time: _____

Parents notified: _____ Time: _____

What was done with the student: _____

Witnesses: _____

Remarks: _____

Signed: _____ Principal: _____