



RENFREW COUNTY CATHOLIC DISTRICT SCHOOL BOARD

STUDENT ACCIDENT REPORT

(INJURY TO STUDENTS AND OTHERS NOT IN THE EMPLOY OF THE SCHOOL BOARD)

School: _____

1. Full name of student _____ Date of Birth _____ Grade _____

2. Address _____ Sex M F

3. Name of Parent or Guardian _____

4. Is the student insured under student accident policy? Yes No Unknown

5. Time accident occurred: Date _____ Time: _____

6. Place of accident: School Building School Grounds Elsewhere

7. Specific Location: _____

8. Description of accident: How did the accident happen? What was the student doing?

9. Name of witnesses: _____

10. Nature and extent of injury: _____

11. Action taken:
Was First Aid rendered? Yes No By whom? _____
Was child taken to doctor? Yes No Name of Doctor _____
Was child taken to Hospital? Yes No Hospital _____
Attending Physician _____
Was parent notified? Yes No If answer is no, state reason: _____

12. Illustrate by sketch if necessary.(on reverse of form)

13. Name of teacher in charge when accident occurred: _____

Principal's Signature

Date

PLEASE COMPLETE 2 COPIES OF THIS FORM. KEEP ONE COPY, SEND THE ORIGINAL TO THE HEALTH AND SAFETY OFFICER.