



ACCIDENT REPORT

San Jose
Service Office

School District

School

Address

Injured's Name

Age

Grade

Injured's Address

Where did accident occur?

Date

Time

Describe how accident occurred:

Who was the person in charge at the time of the accident?

Was he/she present at that time?

Did the injured violate school rules?

Witnesses

Address

Apparent Nature of Injury

Injured part of Body

First Aid Procedures Used & By Whom

Disposition of Injured After Accident

Class Home Doctor Hospital

Who was notified?

Relationship

If Injured Pupil Left School, to Whom Released?

Name and Attitude of Anyone Contacting School

Student Accident Benefits Available? Name Company

Remarks:

Multiple horizontal lines for writing remarks.

Report Complete By	Approved By	Date Approved	Date of Report
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