

**Bourne Public Schools
Student Accident Report Form**

Person or Persons Involved:

Time and Date of Accident:

Place of Accident:

Does injured person(s) have school insurance () Yes () NO

Apparent Injuries:

Physician or Dentist Called? () Yes () No Name:

Parents notified? () Yes () No By Whom?

First aid treatment given? () Yes () No By whom?

Nature of treatment:

How did the accident happen?

Witness to accident?

Disposition:

Additional Information:

SCHOOL NURSE SIGNATURE:

BUILDING ADMINISTRATOR SIGNATURE:

CENTRAL OFFICE ADMINISTRATOR SIGNATURE: