

McGRAW SCHOOL DISTRICT  
STUDENT INJURY/ACCIDENT REPORT

NAME OF PUPIL: \_\_\_\_\_

GRADE \_\_\_\_\_ AGE \_\_\_\_\_ SEX \_\_\_\_\_

PARENTS NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CLASS/PLACE OF ACCIDENT: \_\_\_\_\_

STATE HOW THE ACCIDENT HAPPENED: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DAY, DATE, AND TIME OCCURRED: \_\_\_\_\_

DATE ACCIDENT WAS REPORTED: \_\_\_\_\_

DESCRIPTION OF INJURY: \_\_\_\_\_

DESCRIPTION OF FIRST AID RENDERED: \_\_\_\_\_

BY WHOM RENDERED \_\_\_\_\_

WHEN AND HOW WERE PARENTS INFORMED \_\_\_\_\_

DISPOSITION OF CASE (HOME, HOSPITAL, OTHER) \_\_\_\_\_

METHOD OF TRANSPORTATION: \_\_\_\_\_

SUPERVISOR/TEACHER PRESENT: \_\_\_\_\_

WITNESSES: \_\_\_\_\_

NURSE'S SIGNATURE \_\_\_\_\_

TEACHER'S SIGNATURE \_\_\_\_\_