

**VIGO COUNTY SCHOOL CORPORATION**  
**STUDENT ACCIDENT REPORT**

1. Name \_\_\_\_\_ 2. Address \_\_\_\_\_  
3. School \_\_\_\_\_ 4. Grade \_\_\_\_\_ 5. Age \_\_\_\_\_ 6. Sex \_\_\_\_\_  
7. Date Of Accident \_\_\_\_\_ 8. Time Of Accident \_\_\_\_\_

9. Nature of Injury \_\_\_\_\_  
10. Part Of Body Injured \_\_\_\_\_  
11. Degree Of Injury \_\_\_\_\_  
12. Cause Of Injury \_\_\_\_\_  
13. Where Did The Accident Happen? \_\_\_\_\_  
14. Activity Of Person \_\_\_\_\_  
15. Status Of Person \_\_\_\_\_  
16. Supervision \_\_\_\_\_  
17. Agency Involved \_\_\_\_\_  
18. Unsafe Act \_\_\_\_\_  
19. Unsafe Mechanical Or Physical Condition \_\_\_\_\_  
20. Unsafe Personel Factor \_\_\_\_\_  
21. Corrective Action Taken Or Recommended \_\_\_\_\_  
22. Description \_\_\_\_\_  
\_\_\_\_\_

23. First Aid By \_\_\_\_\_ 24. Consisting  
Of \_\_\_\_\_  
25. Was A Doctor Called? \_\_\_\_\_ 26. Was The Person Taken To a Doctor \_\_\_\_\_  
27. By Whom? \_\_\_\_\_ 28. Name Of Dr. \_\_\_\_\_  
29. Address \_\_\_\_\_ 30. Was The Injured Taken To A  
Hospital? \_\_\_\_\_

31. Name Of \_\_\_\_\_ 32. Was The Parent Or Guardian Notified? Yes \_\_\_ No \_\_\_

33. Witnesses:

Name	Address	Grade
_____	_____	_____
_____	_____	_____
_____	_____	_____

34. \_\_\_\_\_ 35. \_\_\_\_\_  
Signature of Principal Signature of Teacher

Note: Send two copies to the Administration Building within forty-eight hours after the

accident. The third copy should be retained by the school principal. Report only on accidental injuries which make necessary absence of one-half day or more from school.