

VIGO COUNTY SCHOOL CORPORATIONSTUDENT 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.