

**Horizon School Division  
School Accident Report Form**

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Name of Student: \_\_\_\_\_

Age: \_\_\_\_\_ Grade: \_\_\_\_\_

School: \_\_\_\_\_ Room Teacher: \_\_\_\_\_

1. Time of Accident: Hour \_\_\_\_\_ Day \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_

2. Place: \_\_\_\_\_

3. Nature of Injury (*Please Describe*):

4. Treatment Given or Measures Taken: \_\_\_\_\_

First Aid: \_\_\_\_\_

Doctor: \_\_\_\_\_

Nurse: \_\_\_\_\_

Other Person: \_\_\_\_\_

Parents Notified: \_\_\_\_\_

5. Witness to Accident: \_\_\_\_\_

6. Cause of Accident (*Please Describe*):

7. Further Particulars:

8. What supervision if any was in effect? \_\_\_\_\_

9. Accident insurance – is the student covered?

Date Submitted: \_\_\_\_\_

Signature: \_\_\_\_\_

Position: \_\_\_\_\_