



STUDENT ACCIDENT NOTIFICATION OF INJURY

Date of Accident			
Name of School		School Phone Number	
Student Name (Last, First, Middle)	SSN	Date of Birth	Gender
Nature of Injury - Please describe fully indicating WHAT BODY PART was injured and LEFT or RIGHT			
Describe HOW accident occurred - Use a separate sheet if needed.			
Nurses Notes			
Name of Activity	Name of Teacher or Supervisor		
Name of Parent or Guardian		Phone of Parent or Guardian	
Address of Parents or Guardian			
Signature of School Officer/Administrator		Title	