

Morgan County Schools  
Accident Report Form

Directions: Refer to guidelines on back of form and complete the following:

A. Name of injured person: \_\_\_\_\_

Student  Age \_\_\_\_\_ Sex \_\_\_\_\_ Grade \_\_\_\_\_  
Parent's Name (if student) \_\_\_\_\_

Non-Student

B. Address of injured person: \_\_\_\_\_

C. Nature of injury: \_\_\_\_\_

D. Date of accident: \_\_\_\_\_ Time: \_\_\_\_\_ a.m./p.m. Location: \_\_\_\_\_

E. Description of accident: \_\_\_\_\_  
\_\_\_\_\_

F. Name of person(s) on duty/other witnesses    Official Position    Address    Phone  
\_\_\_\_\_  
\_\_\_\_\_

G. Description of action taken/assistance rendered:

\_\_\_\_ First Aid rendered by \_\_\_\_\_

\_\_\_\_ Sent home \_\_\_\_\_

Method of transportation \_\_\_\_\_

\_\_\_\_ Sent to physician

Physician's name \_\_\_\_\_

Method of Transportation \_\_\_\_\_

\_\_\_\_ Sent to hospital

Name of Hospital \_\_\_\_\_

Method of Transportation \_\_\_\_\_

\_\_\_\_ Sent back to class

\_\_\_\_ Other. Describe: \_\_\_\_\_

H. Parent notified (or emergency designee): \_\_\_ Yes \_\_\_ No  
Name and relationship of emergency designee (if applicable): \_\_\_\_\_  
Response: \_\_\_\_\_

I. Additional information: \_\_\_\_\_  
\_\_\_\_\_

J. Does injured person have insurance? \_\_\_ Yes \_\_\_ No  
Name of Company: \_\_\_\_\_

K. Signature of Nurse/Teacher (if applicable) \_\_\_\_\_ Date \_\_\_\_\_

L. Signature of Administrator \_\_\_\_\_ Date \_\_\_\_\_

The contents of this report do not constitute any admission of liability on the part of the school system or any employee thereof.

**Submit to Treasurer**

## **Accident Reporting Guidelines**

1. Complete this form to report any accident that occurs to a student or other person while on school property or under the jurisdiction of the school.
2. Submit form within one day of accident to Morgan County Board of Education CSBO/Treasurer.

Reference: Morgan County Board of Education Policy EBB