

TISD Student Accident/Injury Report

Student Name	DOB	Parent Name
Address	City	Phone
School Attending		Teacher/Program
Location of Accident (i.e. School Building, School Grounds, School Bus)		Place of Accident (i.e. Classroom, Gym, Hallway, Parking Lot)

Please Complete the Information Below:

Date of Accident: _____ Time of Accident: _____ Were Parents Notified: _____

Describe Injury: _____

How did the accident occur: _____

Was treatment sought: _____ Where: _____

Was ambulance called: _____ Ambulance Co. Name: _____

Witness Name: _____ Phone No. _____

Address of Witness: _____

Signature of employee making the report: _____

Position: _____ Date: _____

Address: _____ Phone No: _____

Briefly outline the procedure followed immediately after the accident

Send a copy to Amanda Astley at Main Office