

Report of Accidents and Injuries

Houston County School System

Name of Injured: _____ School: _____

Date of Accident: _____ Time: _____ Grade _____

Place Accident/Injury occurred: _____

Witness(es) _____

How Accident/Injury occurred: _____

Cause of Accident/Injury and Describe Injury: _____

Was First-Aid Administered? _____ If yes, By Whom? _____

What was done? _____

Was professional Medical Attention Required? ()Yes ()No

If yes, Report Physician, ER or EMT findings and/or Treatment: _____

Where the parents/guardians notified? ()Yes ()No

If student is taken to ER or Doctor you need to send the following information:

Parents or Guardians Name, address and Phone Number

Students SSN# _____

Date of Birth _____

Gender _____

Signature of Person Filing Report

Position

Date

IMPORTANT REMINDER: This form should be completed within 24 hours after the documented accident or injury. Original report to be filed to the Board of Education with a copy kept at school.

