



NON EMPLOYEE  
**ACCIDENT REPORT**  
 Gainesville City Schools  
 508 Oak St. NW.  
 Gainesville, GA 30501  
 770-536-5275



**GENERAL INFORMATION**

Name of Student: \_\_\_\_\_ Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Zip Code \_\_\_\_\_ Home phone \_\_\_\_\_ Cell phone number \_\_\_\_\_

Parents name and address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Cell Phone \_\_\_\_\_

Home Phone \_\_\_\_\_

**GENERAL INFORMATION**

School premises: \_\_\_\_\_ Sex: M \_\_\_ F \_\_\_ Age \_\_\_\_\_

Date of accident: \_\_\_\_\_ Day of the week: \_\_\_\_\_

Time Occurred: \_\_\_\_\_ AM \_\_\_\_\_ PM

**Where did it occur? \_\_\_\_\_ Were there any witnesses? Yes \_\_\_ No \_\_\_**

**If so, name of witness \_\_\_\_\_ Please fill out attached witness form.**

**ACCIDENT INFORMATION**

*Accident Jurisdiction* (check one) Grounds \_\_\_\_\_ Building \_\_\_\_\_

Location of Accident (be specific) \_\_\_\_\_

Activity & Status of Person (be specific) \_\_\_\_\_

Supervision Yes \_\_\_ No \_\_\_ If yes, give name and title. Name: \_\_\_\_\_ Title: \_\_\_\_\_

**Corrective action taken or recommended: \_\_\_\_\_**

Description of Accident (explain what, who, when, why, where and how) with details of injury:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Medical Attention Required: Yes \_\_\_ No \_\_\_ if no, why not? Explain \_\_\_\_\_**

Was the student able to return to school? Yes \_\_\_ No \_\_\_ *If no please specify when student will return.*

Date \_\_\_\_\_ Day \_\_\_\_\_

Witnessed by Name & Title: \_\_\_\_\_ Department or School: \_\_\_\_\_

Date of Report: \_\_\_\_\_ Principal's Signature: \_\_\_\_\_

Report Prepared and Signed by: \_\_\_\_\_



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