



# STUDENT 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: \_\_\_\_\_