

LETCHWORTH CENTRAL SCHOOL
5550 SCHOOL RD., GAINESVILLE, NY 14066
Health Office Phone 493-3520

STUDENT ACCIDENT REPORT

Name of Student: _____ Grade: _____

Date of Accident: _____ Time of Accident: _____

Place of Accident: _____

Description of Accident (What happened?): _____

Details of Injury (body part, appearance):

Name of Teacher or Coach supervising the activity: _____

First Aid Rendered: _____

Disposal of Case (Home, Hospital, Doctor, Health Office): _____

Parent Notified: _____ Where (Home, Work): _____

HEALTH OFFICE USE

First Aid Rendered: _____

Disposal of Case: _____

Parent Notified: _____

Follow-up: _____

Signature of School Nurse: _____