

Canton Union School District #66
Student Accident Report

Student Name _____ Grade _____

Building _____ Date of Accident _____ Time _____

Where did the accident occur? _____

Describe the event _____

Other Information:

The student was under the supervision of _____

Were parents informed? _____ By whom? _____

Was ambulance called? _____ By whom? _____

List names of witnesses _____

If faculty equipment or unsafe conditions were involved, explain, including corrective action taken or recommended:

Other comments: _____

Signature of Principal

Date

Signature of Employee

Date