

TUNKHANNOCK AREA SCHOOL DISTRICT  
STUDENT ACCIDENT REPORT

Date of Report: \_\_\_\_\_ Date of Injury: \_\_\_\_\_ Time: \_\_\_\_\_

Student Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone No. \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Place of Accident (Building, etc.): \_\_\_\_\_

How did the injury occur? \_\_\_\_\_

Describe injury: \_\_\_\_\_

Action Taken: \_\_\_\_\_

Treatment (nurse only) \_\_\_\_\_

Physician: Yes No      Hospital: Yes No      Ambulance: Yes No  
Name of Physician: \_\_\_\_\_

Parent Notified: Yes No      Time: \_\_\_\_\_      Who Notified: \_\_\_\_\_

Person in charge: \_\_\_\_\_

Employee at scene: \_\_\_\_\_

Witnesses of incident: \_\_\_\_\_

\_\_\_\_\_  
Signature of Nurse

\_\_\_\_\_  
Signature of Person Reporting