

Sublette Middle / High School
SCHOOL ACCIDENT REPORT

Verbal notification should be made immediately to the administration, please note: THIS WRITTEN REPORT MUST BE SUBMITTED TO ADMINISTRATION WITHIN 24 HOURS FOLLOWING ACCIDENT.

Name of Person Injured: _____

Date of Accident: _____

Exact Time of Accident: _____

Nature of Accident: _____

Activity Engaged In: _____

Teacher/Sponsor of Activity: _____

Disposition of Student: _____
(Be Specific)

- To Doctor
- To Nurse
- Taken Home
- Parent/Guardian Came for Child
- Returned to Activity
- Other _____

Person Filing Report: _____

Date of Filing This Report: _____

Comments:

School Name: _____