

ACCIDENT REPORT FORM  
LOMEGA PUBLIC SCHOOLS

Student's Name \_\_\_\_\_

Date \_\_\_\_\_

Grade \_\_\_\_\_

How the accident occurred \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Extent of injury \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Was student supervised? Yes \_\_\_\_\_ No \_\_\_\_\_

Where was the teacher when accident occurred? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Action taken \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Were parents notified? Yes? \_\_\_\_\_ No? \_\_\_\_\_

If no - was relative notified? Yes? \_\_\_\_\_ No? \_\_\_\_\_

Superintendent notified? Yes? \_\_\_\_\_ No? \_\_\_\_\_

\_\_\_\_\_  
Supervising Teacher