

**1MINERAL POINT SCHOOL DISTRICT
STUDENT ACCIDENT/INJURY REPORT**

(To be completed immediately by Instructor and turned in to Principal)

Name of Student _____

Date of Accident _____ Grade _____

Parent's Name _____

Exact time of accident _____

Activity engage in _____

Where did accident occur? _____

How did accident occur? _____

Name of Instructor on duty at time of accident _____

Were parents/guardians notified of injury? _____ By whom? _____

Did parent/guardian take child to doctor? _____

Comments: _____

Signature of Instructor making report: _____

Results of accident/injury _____

_____ to school nurse
date

- * Place in log after accident
- * Place in student health record at end of year