Adair County School District
Student Accident Report

This form is to be completed by the appropriate employee as soon as possible afer the accident occurs.

School Name: School Phone:
Principal Name: Supervising Employee:
Date of Accident: Time: ☐ AM ☐ PM

Claimant's Name:
Claimant's Address:
Telephone Number: Grade:
Claimant's Age: Date of Birth: Sex:
Parent's Name: Work Number:

Nature of Injury		Place of Accident		Body Part Injured		
☐ Bite	☐ Dislocation	☐ Athletic Field	☐ Hallway	☐ Ankle	☐ Foot	☐ Neck
☐ Bruise	☐ Fracture	☐ Bathroom	☐ Parking Lot	☐ Arm	☐ Finger	☐ Nose
☐ Burn	☐ Head Injury	☐ Cafeteria	☐ Playground	☐ Back	☐ Hand	☐ Teeth
☐ Concussion	☐ Scratch	☐ Classroom	☐ Sidewalk	☐ Chest	☐ Head	☐ Shoulder
☐ Cut/Puncture	☐ Sprain/Strain	☐ Gymnasium	☐ Stairs	☐ Eye	☐ Knee	☐ Wrist
Other:		Other:		☐ Face	☐ Leg	
				Other:		

Describe the nature of the injury in detail:

Were efforts made to contact the parent/guardian about the accident? ☐ Yes ☐ No

Was student taken to the school nurse? ☐ Yes ☐ No

Was coach/teacher immediately notified of the injury? ☐ Yes ☐ No

Was the student : ☐ sent home ☐ sent to hospital ☐ sent to doctor

List witnesses:

Name	Address	Phone Number

Signature/Name of Person Completing the Report *Date*

Forward completed form to Steve Turner or Ruth Redmon at the Central Office for further disposition.

Reviewed by Board - July 20, 2017