STUDENT ACCIDENT REPORT MILLER SCHOOL DISTRICT #29-4

Teachers and Aides:

Please complete <u>every</u> question at the time of the accident when the details are fresh in your mind. This form is to be completed for all accidents regardless of how minor. This is for your protection.

1.	Name of student
	Grade Age
	Parents' or Guardians' Names
	Parents' Home Address
2.	Date and time of injury Recess AM Noon Month/Day/Year PM
3.	Under whose supervision?
	Witnessed by
4.	The accident was incurred while the student was participating in: Interscholastic Sports () Practice
5.	How did the accident happen?
6.	What type of injury happened?
7.	What kinds of first aid were administered?
8.	Were the parents notified? Yes No If not, why not?
9.	Reported by
	Signed by the supervising employee

Note: This report must be completed and turned into the principal's office within 24 hours by the individual who was on supervision when the school related accident occurred.