

# STUDENT ACCIDENT REPORT for USD 473 – Chapman Schools

Date of Report: \_\_\_\_\_ Report Completed By: \_\_\_\_\_

Student's First Name:	Student's Last Name:	Building and Teacher's Name
Date of Accident:	Time of Accident:	Location of Accident:
Person's Name & Job Title reporting the accident:		Name of Witnesses, if any: (please attach witness statements to this report)
Full Description of Injuries:		
Describe accident in detail:		
Additional Notes:		
<b>*** Please make a copy of this report and send it to Michele Sutter at the Education Center. Please mail the original report to the parents of the student who was injured. ***</b>		
Printed Name:		
Signature:	Date:	