

MILFORD PUBLIC SCHOOLS
Student Accident Report

NOTE: Keep a school file copy and forward the original (with any back up material) to the Operations Office, Parsons Complex

School: _____ School Address: _____

School Tel. #: _____ Principal: _____

Date of Accident: _____ Time: _____ Student Grade Level: _____

Name of Injured: _____ Home Address: _____

Name of Parents: _____

Home Phone #: _____ Work Phone #: _____ Cell Phone #: _____

Teacher on Duty: _____ Other Witnesses: _____

Insurance Coverage: School Group Indemnity? Yes [] No [] Personal Health Insurance? Yes [] No []

Who was student referred to?

School Nurse (name): _____ Phone: _____

Doctor (name): _____ Address: _____ Phone: _____

Hospital (name): _____ Address: _____ Phone: _____

Accident: Please state, in detail, exactly where in the building or where on the grounds the accident occurred.

What happened and how it happened. _____

Printed Name and Signature of Witness(es): _____

Type of injury (be specific): Right [] Left []

SIGNATURE OF NURSE

Tell what steps have been taken to prevent an accident of this type from re-occurring. Also, recommendations concerning the elimination of the hazard, if any, which caused the accident.

Who was notified regarding the hazard? _____ When? _____

Does this accident involve a chemical spill? YES [] NO []

Does this accident involve a potential BBP Exposure? YES [] NO []

NOTE: First aid must be rendered by an adult, never by a pupil.

SIGNATURE OF PRINCIPAL

DATE

(Business Office will make and send yellow copy to Health Dept. and, if needed, a copy to Insurance Co.)