MONROE COUNTY BOARD OF EDUCATION

SCHOOL ACCIDENT REPORT

_____
Date of this report

1. **Name of Student**_____ **Sex:**_____ **Grade:** _____

2. **Date and Time of Accident:** _____

3. **Nature of Injury:** _____

4. **Where Accident Occurred:** _____

5. **Cause of Accident:** _____

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6. **Disposition:**

   A. First aid   Yes   No   explain _____

   B. Sent Home   Yes   No

   C. Seen by Physician   Yes   No   by whom _____

7. **Time student lost from school, if any, due to accident:**_____

8. **School accident insurance:**   yes   no

9. **Comments:** _____

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10. **Signature of teacher supervising pupil (administrator where applicable) when accident occurred:**

*   **NOTE: This copy should be turned into the principal's office at the end of the school day.**