

MONROE COUNTY
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 _____

6. Disposition:

A. First Aid Yes No Explain _____

B. Sent Home Yes No Explain _____

C. Seen by Physician Yes No Explain _____

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

8. School accident insurance: yes no

9. Comments: _____

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

MONROE COUNTY SCHOOL
EMPLOYEE
ACCIDENT REPORT

School: _____

Employee: _____

Job Title: _____

Accident: Date: _____

 Time: _____

 Location: _____

Please describe the accident and include any factors you feel are worthy of remark.

Signature of Employee

Date

Verification of Principal/Supervisor

What treatment, if any, was necessary as a result of the above described accident?

I find the preceding report to be accurate to the best of my knowledge based on my observation and/or investigation.

Signature of Principal/Supervisor

Date