GLEN ELLYN SCHOOL DISTRICT #41

ACCIDENT REPORT FROM_______

	School	Name	
Student Name	DOB		Grade/Program
Home Address of Student			
			Report Date
Parent Name	Parer	nt Address	
Home Phone No.	Work Phone N	No	
	ACCIDENT INF	ORMATION	
Location of Accident	What activity was takin	ng place?	
Activity of injured person			
Cause of Injury			
Presenting Symptoms			
First Aid Administered By			
Additional Comments			
	ADDITIONAL IN	FORMATION	
School Nurse Notified	Time Parent Notifie	d Time _	
Other Action Taken			
Supervising adult at time of accident			
Was Supervising Adult a Witness to			
Student taken from school by	Yes No		Yes No Time
	Name & Relationship to Stu	dent	
Additional Comments			
	FOLLOW UP IN	FORMATION	
Diagnosis			
Time Lost from School			
Additional Comments			
Principal Signature	2		School Nurse Signature
Copies: Health File School Nurse Central Services			
Reviewed: February 28, 2005, April 2 Adopted: March 21, 2005 Revisions Adopted: May 14, 2012	23, 2012		