

Schoolname Student-Athlete Accident Report

Name of student: _____ Date of accident: _____

Time of accident: _____ AM PM Activity engaged in: _____

Name of coach in charge: _____

Describe exact location where accident occurred:

Describe briefly how the accident occurred: _____

Was first aid administered? _____ By whom? _____ Describe the first aid that was administered prior to the arrival of emergency personnel (if called): _____

If emergency personnel were called, list the full names, badge or ID numbers, and company of individuals responding to the scene:

Was athlete conveyed to a hospital? _____ Name of hospital: _____

When and by whom were parents/guardians notified of the accident? _____

Who obtained written witness statements? _____

List names, dates of birth, full addresses and at least one telephone contact number of all witnesses from whom written statements were obtained:

ATTACH ALL WITNESS STATEMENTS AND A FULL WRITTEN DESCRIPTION OF HOW THE ACCIDENT OCCURRED TO THIS REPORT. SUBMIT ALL REPORTS TO THE ATHLETIC DIRECTOR WITHIN 48 HOURS OF THE OCCURRENCE OF THE ACCIDENT.