

## STUDENT ACCIDENT FORM

Name of Student \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_

Name of Parent/Guardian \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Time of Accident \_\_\_\_ A.M. \_\_\_\_ P.M. Date of Accident \_\_\_\_\_

Explain how and where the accident occurred, and what type of injury:

Teacher in charge of student at time of accident: \_\_\_\_\_

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