



Quality Learning and Superior Performance for All

## STUDENT / VISITOR

# ACCIDENT / SERIOUS ILLNESS REPORT

(Revised August 2021)

**Directions to Principal and his/her Designee:** (1) Ask a responsible adult to immediately notify the School Safety Department (770-888-3466) if emergency medical, police or fire services are called; (2) Ask the adult(s) with the most knowledge about the accident or illness to complete and return this accident/serious illness report; (3) If this type accident or unexpected illness is serious or re-occurring, direct the school safety coordinator or another administrator to determine the cause of the accident and submit the investigation report; (4) Keep original copy of the report(s) in the school file, fax a copy to the Finance Department (470-695-7834) and fax a copy to the School Safety Department (678-947-4106); and (5) Take appropriate action designed to minimize the risk of a re-occurrence.

**Directions to the Adult Completing this Report:** If a student under your supervision or a visitor attending a class or event under your direction experiences an accident or an unexpected, serious illness, please complete this accident/illness report to the best of your knowledge and submit it to the principal's designee as soon as possible, but no later than 24 hours after event.

1. Check One:  Student  Visitor
2. School or Site Name: \_\_\_\_\_ Date of Accident \_\_\_\_\_ Time of Accident: \_\_\_\_\_ AM/PM
3. Injured Name: \_\_\_\_\_ Age: \_\_\_\_\_ Parents called? \_\_\_\_\_ By Whom? \_\_\_\_\_
4. Home Address: \_\_\_\_\_
5. Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_
6. (To be completed by who provided care) First Aid Given? \_\_\_\_\_ By Whom \_\_\_\_\_  
Describe Treatment: \_\_\_\_\_
7. Does the student have School Accident Insurance? \_\_\_\_\_ Was 911 called? \_\_\_\_\_ By Whom? \_\_\_\_\_  
Which service(s) responded? \_\_\_\_\_  
Did injured leave site after accident? \_\_\_\_\_ How? \_\_\_\_\_ Time: \_\_\_\_\_ Destination? \_\_\_\_\_  
Did injured return to school the same day? \_\_\_\_\_ How? \_\_\_\_\_ Time: \_\_\_\_\_
8. What was injured doing at time of accident? \_\_\_\_\_  
\_\_\_\_\_  
Teacher or Supervising Adult Present? \_\_\_\_\_ Name adults who witnessed accident: \_\_\_\_\_  
Name other persons that witnessed accident \_\_\_\_\_
9. Where did the accident occur? \_\_\_\_\_ What happened? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
10. What was the cause of the accident?  
\_\_\_\_\_  
\_\_\_\_\_
11. Nature of injury (possible strain, fracture, laceration, burn, etc.):  
\_\_\_\_\_
12. Part of body (Back, finger, hand, foot, etc.)  
\_\_\_\_\_
13. Name of person completing this form: \_\_\_\_\_ Date: \_\_\_\_\_
14. Site Administrator's Signature: \_\_\_\_\_ Date: \_\_\_\_\_
15. Additional Signatures: \_\_\_\_\_ Date: \_\_\_\_\_

Retain Original at School/Facility Fax Copy to Finance Office (Fax 470-695-7834) FAX to Safety Office (FAX 678-947-4106)