

STUDENT / VISITOR ACCIDENT / SERIOUS ILLNESS REPORT

(Revised January 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 (770-888-1221) 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: _____

