

School Accident Record Form Sample

The **school accident record form sample** is an essential document used to accurately report and document any injuries or accidents occurring on school premises. It helps ensure proper communication between staff, parents, and medical personnel while maintaining a safe environment for students. Using this standardized form aids in timely and efficient incident management and prevention.

1. Student Details

Full Name	<input type="text"/>	Grade/Class	<input type="text"/>
Date of Birth	<input type="text"/>	Student ID	<input type="text"/>

2. Accident Details

Date of Accident	<input type="text"/>	Time of Accident	<input type="text"/>
Location on School Grounds	<input type="text"/>		
Description of Accident	<input type="text"/>		
Witnesses (If any)	<input type="text"/>		

3. Injury Information

Type of Injury	<input type="text"/>
Body Part(s) Injured	<input type="text"/>
Treatment Given	<input type="text"/>

4. Reporting & Follow-Up

Reported By	<input type="text"/>	Role	<input type="text"/>
Date & Time Reported	<input type="text"/>	Reported To (Name/Position)	<input type="text"/>
Parent/Guardian Notified	<input type="text" value="Select"/>	Date & Time Notified	<input type="text"/>

5. Additional Comments

Submit Record

Note: This is a sample form for school accident record keeping purposes. For official use, please ensure compliance with your school's policies and local regulations.

