



**ACCIDENT REPORT FORM**

Name		Sex		Age		School		Date	
Time of Accident Occurred:						AM		PM	
Exact Location of Accident									
Name of Person Reporting:									

**CAUSE OF ACCIDENT:**

Collision with person:	
Collision with obstacle ( i.e. fence, goalpost):	
Hit with projectile (i.e..ball):	
Slip, Trip, Fall:	
Fighting:	
Others:	

**CONTRIBUTING CAUSES:**

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**DESCRIPTION OF INJURY:**

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**TYPE OF INJURY SUSPECTED:**

Bite		Burn		Bruise	
Concussion		Fracture		Laceration	
Poisoning		Sprain Shock		Other	

**FIRST AID GIVEN:**

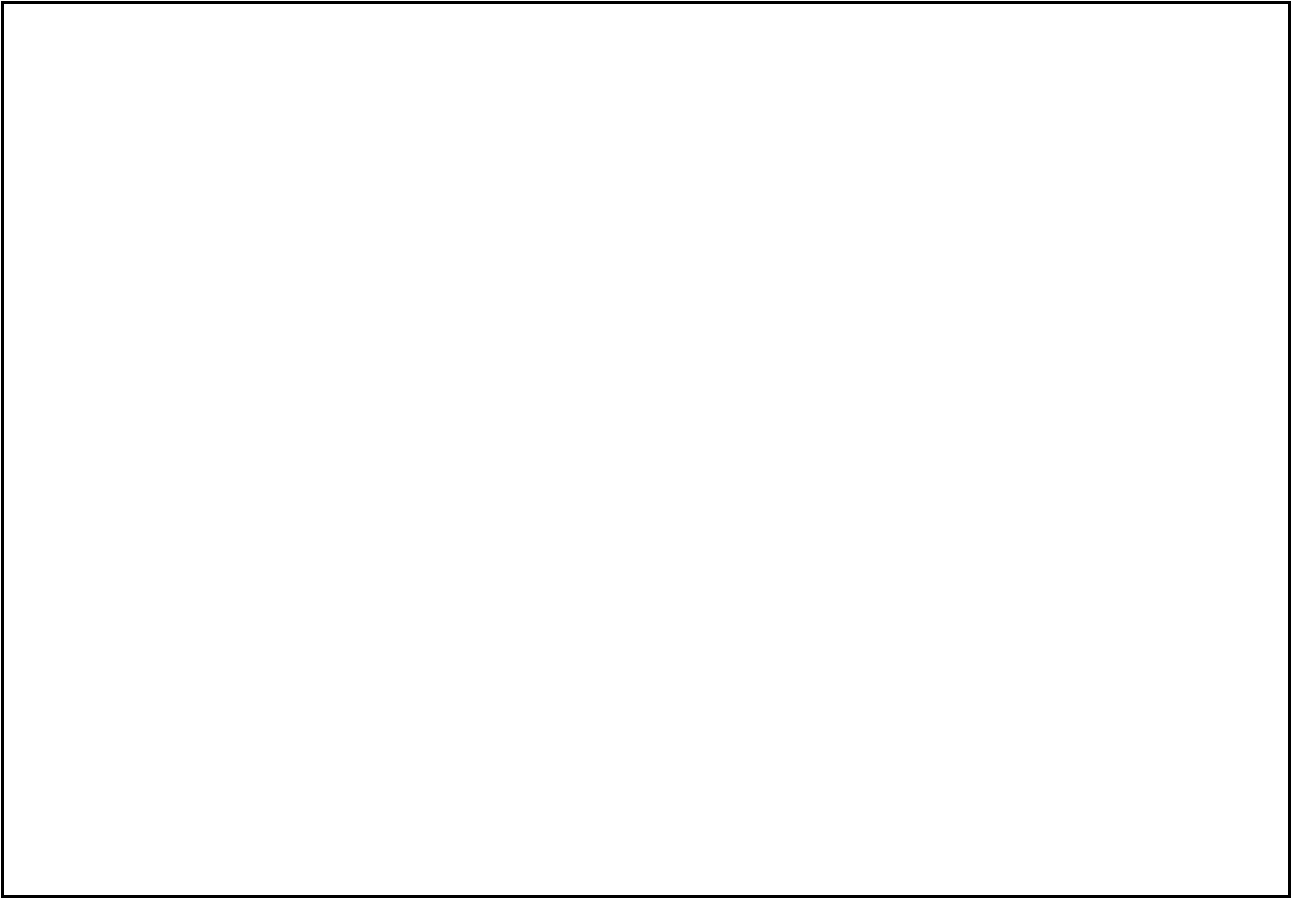
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**FURTHER CARE:**

Parent took home		Parent took to doctor:	
Contact person took home		Parent took to E.R./ Hospital	
Transport from CAC by			

**See back**

**ADDITIONAL REMARKS / RECOMMENDATIONS FOR PREVENTION:**

A large, empty rectangular box with a thin black border, intended for providing additional remarks or recommendations for prevention. The box is currently blank.