ARKANSAS-LOUISIANA CONFERENCE
OF SEVENTH-DAY ADVENTISTS
Education Department

STUDENT ACCIDENT REPORT

Name of School: _____

Name of Student: _____ Grade: _____
(Please Print)

Date of Injury: _____ Time: _____

Type of Injury: _____

If student was engaged in a sports event, name the sport: _____

School authority supervising activity of injured student at time of accident:

Name _____ Title _____
(Please Print)

Describe how the accident happened: _____

_____

_____

What aid was given: _____

_____

_____

Was parent notified by phone: Yes _____ No _____

If yes: Date _____ Time _____

Signature of School Authority: _____ Date: _____