

CLINTON-MASSIE LOCAL SCHOOL DISTRICT
2556 LEBANON ROAD
CLARKSVILLE, OH

ACCIDENT REPORT

NAME OF INJURED _____ GRADE _____

DATE OF ACCIDENT _____

AGE _____ SEX _____

PLACE OF ACCIDENT: SCHOOL BUILDING _____

TO/FROM SCHOOL _____

ELSEWHERE _____

WAS FAMILY NOTIFIED? _____ BY WHOM? _____

NATURE OF ACCIDENT: (Specify Part of Body Injured)

DESCRIPTION OF ACCIDENT: _____

FIRST AID GIVEN BY: _____

WITNESS TO ACCIDENT: _____

ADDITIONAL REMARKS: _____

THIS REPORT WAS PREPARED BY: _____
