

SHERMAN INDEPENDENT SCHOOL DISTRICT

STUDENT ACCIDENT REPORT

Name _____ Grade _____

Campus _____

Date of Accident _____ Time of Accident _____ AM PM

Activity: ___ Football ___ Basketball ___ Track ___ PE ___ Recess ___ Other

Where accident occurred: ___ Game ___ Practice ___ Class ___ Other

Description of accident: _____

Who saw this accident? _____

Apparent nature of injuries: _____

Treatment given: _____

Parent notified? Yes ___ No ___ Left School? Yes ___ No ___ Time ___ AM PM

Transported to hospital? Yes ___ No ___

Doctor notified? Yes ___ No ___

Signature of teacher or other personnel _____