

Lincoln County Board of Education  
Student Accident Report

Name of person making report \_\_\_\_\_

Injured Student \_\_\_\_\_ Age of Injured \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_

Parent or Guardian \_\_\_\_\_

Date of Incident \_\_\_\_\_ Time of Injury \_\_\_\_\_

Location \_\_\_\_\_

Equipment Involved \_\_\_\_\_

Nature of Injury \_\_\_\_\_

Treatment give: First Aid \_\_\_\_\_

Other Treatment \_\_\_\_\_

Person (parent or other) notified \_\_\_\_\_

Attending Physician's name \_\_\_\_\_

What was student doing when incident occurred?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of Witness (es) \_\_\_\_\_

What corrective action is being taken to alleviate conditions leading to the accident

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Principal's Signature \_\_\_\_\_ Date \_\_\_\_\_