

- Employee
 - Student
 - Visitor
- (Check one)

Date: _____
Time Accident Occurred: _____

Canton Public Schools Accident Report Form

(Must be submitted to the health office within 24 hours of injury.)

Name: _____ School: _____
Sex: M _____ F _____ Age: _____ Grade: _____
Home Address: _____ Phone#: _____
Place of Accident (be specific): _____
Supervising Staff Member _____
Witness (if any) _____
Interscholastic Sports Injury: Yes No (If yes, send copy to Athletic Director & Athletic Trainer)

Description of Accident: _____

Nature of Injury: _____

Action Taken: _____

Name of parent or other individual notified: _____
Signature of person making report: _____

Follow up Report: _____ Date: _____

Principal's Signature _____ Nurse Signature: _____

CC: Central Office _____ Health Office _____ Principal _____ Other: _____
(Revised 11/04)