

ACCIDENT / ILLNESS REPORT

Student Name: _____ **School:** _____

Date: _____ Time and place accident/illness occurred: _____

What was injured / describe illness: _____

If an injury, give a detailed description of how accident/injury occurred:

Describe treatment given / action taken:

Was a parent/guardian/emergency contact person contacted? _____ Date/time of contact: _____

If yes, name and relation to student: _____

If no, why: _____

Witness(es) to accident/injury: _____

Witness(es) Contact Number(s): _____

Coach Signature / Date

Parent/Guardian Signature / Date

Follow up action taken:

