

EDWIN O. SMITH HIGH SCHOOL

Regional District #19
1235 Storrs Road
Storrs, Connecticut 06268-2287
(860) 487-0877

ACCIDENT / INJURY REPORT FORM

Accidents or injuries should be reported by coaches to the school nurse verbally. When the accident results in a significant injury requiring medical attention or a physician's visit, the school nurse will request that the coach fills out an "Accident Report."

Name of injured person: _____ Date of birth: _____

Student: _____ Athletic Team: _____ Employee: _____ Visitor: _____

Date of Accident: _____ Location: _____ Time: _____

Name of student's parent/guardian: _____

Address: _____

Briefly describe the accident: _____

List witnesses: _____

Briefly describe the injury: _____

Was first aid required? Yes _____ No _____

If yes, by whom and describe the first aid: _____

Was a physician or hospital care provided? Yes _____ No _____

If yes, by whom and where? _____

Signature of person completing report & Date Completed

Signature of Nurse

Signature of Principal

Please send completed form to superintendent's office.
Attach comments or additional information as appropriate.