

303.1C – Appendix – Accident / Injury Report - Students
Accident / Injury Report (Students)

School: _____

Individual Injured

Name _____ Address _____
Last First MI

Student _____, if so grade _____ Staff _____ Volunteer _____ Guest _____

Injury Details

Description of Injury
(be specific)

Cause of Injury
(be specific)

Part(s) of Body Injured _____

Accident Details

Time of Accident / Injury _____
Date Day of Week Exact Time

Location of Accident (be specific) _____

Activity of Injured Person at Time
of Accident / Injury (be specific)

Treatment Provided (be specific)

If student, Supervision at Time of Accident / Injury ____ yes ____ no (If yes, give name and title)

Parent / Insurance Notification

Were the parents notified? ____ yes ____ no (If yes, by whom and date) _____

Was report made to claims adjuster, Autumn Vinopal (724.261.3337) at Gallagher Bassett (800.779.2980)? ____ yes ____ no

If yes, by whom and date?

Signature

Report prepared by (name and title) _____ Date of Report _____

Principal's Signature _____ Date _____

Keep original in school's accident file. Send a copy to Gallagher Bassett: autumn_vinopal@gbtpa.com