

**AVON PUBLIC SCHOOLS
STUDENT ACCIDENT REPORT FORM**

Student's Name: _____ School: _____

Home Address: _____

Sex: ☐ M ☐ F Age: _____ Grade: _____

Time accident occurred: Hour: _____ ☐ a.m. ☐ p.m. Date: _____

Place of accident (be specific): _____

School sports injury? Yes _____ No _____

WITNESSES TO ACCIDENT, IF ANY:

Name: _____ Address: _____

Name: _____ Address: _____

Description of Accident: _____

Nature of Injury: _____

Action Taken: _____

Was a parent/legal guardian or other individual notified? ☐ Yes ☐ No When: _____

Name of individual notified: _____ How: _____

Signature: _____ Position: _____
(Person Completing Form)

Date: _____