



Auburn

Enlarged City School District



*Harriet Tubman
Administration Building*

Office of Health Services

School Accident Report

Name and Address of School:

This report is to be completed for each pupil involved in an accident on or off the school premises while on a school sponsored project. Please complete all entries. Use other side if necessary. Send original to insurance company, keep copy at school health office.

Name of Pupil		Age	Grade	Phone Number
Parent/Guardian Name and Address				
Accident Date	Time	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	Location	
Describe Student's Actions				
LOCATION: <input type="checkbox"/> School Building <input type="checkbox"/> School Grounds <input type="checkbox"/> School Bus <input type="checkbox"/> Away from school				
ACTIVITY: <input type="checkbox"/> School Sponsored <input type="checkbox"/> School Supervised STUDENT WAS: <input type="checkbox"/> Participant <input type="checkbox"/> Spectator				
TIME: <input type="checkbox"/> Before School <input type="checkbox"/> During School <input type="checkbox"/> During Lunch <input type="checkbox"/> After School				
TRAVELING: <input type="checkbox"/> N/A <input type="checkbox"/> To School <input type="checkbox"/> From School <input type="checkbox"/> To a Religious Service <input type="checkbox"/> From a Religious Service				
ATHLETICS: <input type="checkbox"/> N/A <input type="checkbox"/> Intramurals <input type="checkbox"/> Interschool				
INJURY:				
FIRST AID RENDERED:				BY WHOM:
PARENTS NOTIFIED <input type="checkbox"/> YES <input type="checkbox"/> NO	WHEN:	HOW:	BY WHOM:	
FAMILY PHYSICIAN:	WAS HE/SHE CALLED: <input type="checkbox"/> YES <input type="checkbox"/> NO	WHEN:		
OTHER INSURANCE:				
DISPOSAL OF CASE:		STUDENT WENT: <input type="checkbox"/> Home <input type="checkbox"/> To Class <input type="checkbox"/> To Hospital <input type="checkbox"/> To Dentist		
WITNESSES/ VIDEO?				
SUPERVISOR ON DUTY:			PHONE NUMBER:	

APPLICABLE IN NEW YORK

FOR YOUR PROTECTION, NEW YORK LAW REQUIRES THE FOLLOWING TO APPEAR ON THIS FORM:

Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

DATE OF THIS REPORT

SCHOOL PERSONNEL IN CHARGE

PHONE NUMBER