

THE COVENANT SCHOOL
Accident Report

The faculty or staff member responsible for the child must complete this report at the time of the accident. The teacher keeps one copy of the report in the child's file and submits additional copies to the Head of School and the Office Manager.

1. Name of the Injured Child _____

2. Name(s) of Parent(s) or Guardian(s) _____

3. Date, Time, and Place of the Accident _____

4. Description of the Accident:

a. Describe how the accident happened and, if other children or other adults were involved, describe how it occurred.

b. Give a brief description of the nature of the injury (type, severity, location on body.)

c. Describe the first-aid treatment that was administered.

5. Was the child's parent or guardian called? _____ When (exact time) _____

6. Give name, address and telephone of the physician, if contacted:

7. Physician's comments/diagnosis, if given _____

Signature of Teacher/Staff

Date