

**East Dubuque Unit School District #119
Accident Report Form**

This form must be completed by the district employee responsible for supervision of the activity.

Person completing this form: _____

Class/Activity/Event: _____

Name of the injured person: _____

Age: _____

Gender: Female Male

Address: _____

Phone number: _____

Date of the accident: _____

Time of the accident: _____

Location of the accident: _____

Describe the injury: _____

Describe the sequence of events: _____

Name(s) of witnesses: _____

Was first aid rendered? Yes No By whom? _____

Describe the first aid: _____

Signature of person completing this report: _____ Date _____

cc: Front Office, Principal, Superintendent, School Nurse