

**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