BISHOP ENGLAND HIGH SCHOOL
ACCIDENT/INJURY REPORT

Location of Accident	Date of Accident	Time of Accident	Report Date	Injured Party
		○ ○ AM/PM		☐ Student ☐ Visitor ☐ Other

Name of Injured: _____ ○ Male ○ Female Age/Date of Birth: _____

Parent/Guardian (If student): _____ Home/Cell Phone: _____

Work Phone: _____

Who was notified? ☐ Parent/Guardian ☐ Other: _____ (Name/Relation)

Injured Party was taken:
☐ Home ☐ To physician ☐ To dentist ☐ To hospital ☐ Returned to class ☐ Other: _____

By Whom? _____ Time: _____AM/PM ○ ○

Nature of Accident	Injured Body Part	*
☐ Abrasion ☐ Bruise ☐ Burn ☐ Concussion ☐ Convulsion ☐ Other ☐ Dental ☐ Dislocation ☐ Laceration ☐ Puncture	☐ Abdomen ☐ Ankle* ☐ Arm* ☐ Back ☐ Chest ☐ Ear* ☐ Elbow* ☐ Eye* ☐ Face ☐ Finger* ☐ Foot* ☐ Hand* ☐ Head ☐ Knee* ☐ Leg* ☐ Teeth ☐ Wrist* ☐ Other	☐ Left ☐ Right ☐ Both

Describe the accident/injury: _____

_____

_____

_____

_____

_____

Was First Aid administered? ☐ Yes ☐ No If "Yes," by whom?_____

Describe First Aid given: _____

_____

_____

_____ _____

Signature of Person Preparing Report Signature of Principal or Supervisor

REVISED 8/2021

Clear Form Submit