

EXHIBIT D

STUDENT INCIDENT/ACCIDENT REPORT

Name of injured student _____

Address _____ Phone _____

Age _____ Sex _____ Grade _____ School _____

Place where accident occurred _____

Date _____ Time of day _____

Subject or activity during which accident occurred _____

Details of accident provided by student or witness (identify source) _____

Nature of injury (part of body injured) _____

Witnesses _____

Teacher in charge _____ Parent notified by _____

Type of first aid given _____

Is there a signed authorization to secure emergency care on file? Yes No

Signature of reporting teacher

Signature of principal