

**Missisquoi Valley Union Middle/High School
Athletic Department**

Accident Report Form

***TO BE COMPLETED BY THE PERSON SUPERVISING THE INJURED STUDENT/ATHLETE
AND GIVEN TO THE SCHOOL NURSE AS SOON AS POSSIBLE.***

Date: _____ Time: _____

Student's Name: _____ Grade: _____

Address: _____

Location of accident: _____

Activity student/athlete was engaged in: _____

Staff on duty: _____

Complete description of accident:

Initial treatment: _____

By whom: _____

Was the injured transported to a medical facility?: _____

Was the school nurse present and/or notified? _____

Were the parents notified? Yes _____ No _____ By whom? _____

Follow-up/outcome of the injured student:

Were there safety hazards that may have precipitated the accident? _____

If yes, has that been addressed with the appropriate personnel? _____

Signature of person preparing this report

Date

Signature of school nurse

Date

Principal's signature

Date

If there is a need for more information, please use the other side of this report.