

Corvallis School District #1
Corvallis MT 59828

ACCIDENT REPORT
(Adults only)

Date of accident: _____ Time: _____ am / pm.

INJURED: _____ Phone: _____
Name

Address: _____
Address

Date of Birth: _____ Social Security Number: ____/____/____

Education: Less than H.S. ____ H.S./GED ____ Beyond H.S. ____

Marital status: ___ married ___ single ___ separated # of dependents _____

Location of Accident: (School building or grounds) _____

Description of Accident: _____

Extent of Injury: _____

Treatment Received: ___ None ___ Emergency Room ___ On-Site First Aid ___ Clinic/Dr. Office

WITNESSES

Name: _____ Address: _____

Name: _____ Address: _____

Remarks: _____

Reported by: _____ Date: _____
(Signature) Self / School Nurse

Reported to: _____
Supervisor

(12/03) Date Copy Sent to Superintendent: _____