

ACCIDENT REPORT

Note: This form is to be filled out and turned in to the Principal's Office the day of the accident. Fill out completely, or this information won't go on the insurance claim form.

Name of Injured _____ Address _____

Parent or Guardian _____

Age of Insured _____ Grade in School _____ Insured: Yes ___ No ___

Date of Accident _____ Time _____ Place _____

Description of Accident (when, where, how it occurred)

Nature of Injury

What Activity _____ Signature _____
(Teacher in Charge)

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(THIS INFORMATION FOR OFFICE USE ONLY)

Date Completed Claim Sent to Company _____ Amount of Bills _____

Date of Settlement _____ Amount of Settlement _____

Remarks:

