multi-line
Vermont School Boards Insurance Trust

STUDENT/NON EMPLOYEE ACCIDENT REPORT FORM

School:_____Date of injury:_____

Student/Person Name: _____Student: Yes____ No____ DOB:_____

Grade:_____ Age:_____ Time of Accident:_____p.m/a.m (circle)

Address:_____Ph#:(___)_____

Supervised activity? Yes No (circle)If yes, person in charge:_____

ACCIDENT DESCRIPTION:_____

SPECIFIC LOCATION:_____

Describe the accident in your own words. Please give all details so that this accident report may be used to prevent other similar accidents.

_____

_____

_____

Was first aid given? Yes_____ No_____ If Yes, by whom:_____

Description of First aid:_____

Called 911? Yes_____ No_____ If Yes, by whom:_____

Was Parent or other responsible party notified? Yes_____ No_____

If yes, who was notified:_____

If No, explain:_____

Disposition of injured:

Back to Class:_____ Health Room:_____ Sent Home:_____ Other:_____

Sent to Hospital:_____;name_____ Sent to Doctor:_____;name_____

DESCRIBE CARE PROVIDED TO THE STUDENT/ADDITIONAL COMMENTS:

_____

_____

Signature of staff member completing form: _____Date/time:_____

Printed name:_____

Other witnesses:_____

REPORT INCIDENT TO VSBIT-REPORT A CLAIM https://www.vsbit.org/report-a-claim