



Holly Area Schools

Excellence in Action!

Student Accident Report Form - Board Policy 5340

Form to be completed regardless of whether or not the student is sent home.

School Building:

Holly High School Holly Middle School Holly Elementary
 Davisburg Elementary Patterson Elementary Rose Pioneer Elementary
 Karl Richter Campus Administration Building Transportation

Today's Date: _____ Date of Error/Incident: _____ Incident Time: _____
 Student Name: _____ DOB: _____ Grade: _____
 Parent/Guardian Name: _____ Phone Number: _____
 Time of parent/guardian notification: _____
 Parent/Guardian Comment: _____

District Nurse Notified: Yes No Time: _____

Incident

Location: _____

Witness (if one present): _____

Description of Accident: _____

Description of Injury: _____

Immediate Care Given:

911/EMS: _____ Poison Control Contacted: _____ Doctor/Dentist Notified: _____
 Bandage: _____ Ice: _____ Rest: _____ Splint: _____ Food: _____ Other: _____

Additional Comments: _____

Name of person filling out form: _____

Signature: _____ Date: _____

Please send completed form to Shannon in Administration