NORTH PANOLA SCHOOL DISTRICT

"Leadership • Collaboration • Innovation" **Dr. Wilner Bolden III, Superintendent**



STUDENT ACCIDENT REPORT

Name of Student	Sex	Grade	School
Date of Accident	Time of Day	Location on Campus of Accident	
School Insurance:		Other Insurance:	
Description of Accident/Activity at Time of Accident:			
Supervising		Witness(es): Attach Statements	
Adult(s): <u>Attach</u>			
<u>Statements</u>			
Nature of Injury and Action Taken:			
Type of First Aid Rendered:		Name/Address Person	
		Administering First Aid:	
Safety Committee Suggestions for Preventing a Similar Accident:			
Name and Address of Parent,	Relative Contacted	I: Action taken:	
		Sent Home:	
		Not Sent Home:	
Additional Information:			
Signature of Supervising Adu	lt:		Date:
Signature of Principal:			Date:

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Vision: To be a world class educational system which gives students the knowledge and skills to be successful in college and in the workforce.