**Student First Report of Injury**

Date

Driver Bus #

Student Name Assigned Seat

Student Address

Location of Accident

Time of Accident AM or PM (circle one)

Details of Accident

Type of Injury (to what part of body)

Did driver notify parent of accident and explain? YES or NO (circle one)

**Contact the Transportation & School Administrator immediately upon incident & turn this form in to the school ASAP. Keep a copy for your own record.**