

# NORTH PANOLA SCHOOL DISTRICT

"Leadership • Collaboration • Innovation"

Chad Spence, Superintendent



## STAFF/VISITOR ACCIDENT REPORT

(To be completed the same day or no later than the following morning.)

	Date received at Central Office:
Site:	Site Address/Phone Number:
Injured Party Name:	Address/Phone Number:
Where did the accident occur? (Be specific)	Date and Time:
How did the accident occur?	
Nature of injury (Be specific):	
First aid applied? Yes                      No	By whom?
Disposition of injured party (return to work, home, doctor, hospital):	Who was contacted and when? (Relatives, neighbors, etc.)
Does the injured have insurance? Yes                      No	Name of Insurance Company:
Was any school safety rule/policy violated? Yes <input type="checkbox"/> No	If yes, explain:
Recommendations from Safety Committee to Prevent Recurrence:	
Name and phone number of witness(es) present at time of accident: <u>Attach Statement(s)</u>	
Signature and Title of person completing this form:	Date:

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