



Rensselaer Central Schools Corporation

ACCIDENT REPORT

This report is to be filled out at once by the person responsible for the student at the time of any and all accidents during any school activity.

Building or Location: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Activity: \_\_\_\_\_

Describe what happened:

Place: \_\_\_\_\_ Time: \_\_\_\_\_ Date: \_\_\_\_\_

Witnesses (if any): \_\_\_\_\_

Action taken (if any), if none say none:

Parent/Guardian notified:  YES  NO If yes, when: \_\_\_\_\_

If no, explain: \_\_\_\_\_

\_\_\_\_\_  
Signature of person completing report

\_\_\_\_\_  
Date