RICHLAND PARISH SCHOOL BOARD STUDENT ACCIDENT REPORT

Date of Accident	Time Pupi		Name	Sex	Age	Grade	# Days Lost	
	1							
	1							
School	chool Pupil's Address							
			1					
Kind of Injury								
Cause of Injury								
Parts of Body Injured/degree of Injury								
Person(s) Notified								
Supervision								
Supervision								
Immediate Action Taken								
miniculate Action Taxon								
Location of Accident								
Location of Accident								
Description of Accident (What was pupil doing? – Please give complete details.)								
Description of Accident (what was pupil doing? – Flease give complete details.)								
Witnesses to Assident								
Witnesses to Accident								
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Report Prepared by (Signature and Title)			Date of	Princi	pal's Signa	ature		
			Report					

RP Form #27 White: School's Board Canary: School's Copy Pink: Parent's Copy