

**RICHLAND PARISH SCHOOL BOARD  
STUDENT ACCIDENT REPORT**

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