



Scituate Public Schools
Scituate, Massachusetts

School Accident Report

Date: _____ School: _____
Name: _____ Gender: _____ Age: _____
Address: _____
Time: _____ Place: _____ Activity: _____
Nature of Injury: _____

Supervision at the time of the accident: _____
Cause of the accident: _____

Teacher's Signature

Principal's Signature

First Aid: _____

Time student reported to nurse: _____ Was Parent Contacted? _____ Time: _____
Referred to M.D. _____ To Hospital: _____
Doctor's diagnosis, if any: _____

Signature, School Nurse

Note: Report accidents promptly

Submit to Business Office