



STUDENT ACCIDENT REPORT



BOARD OF EDUCATION
 JOHNSON CITY CENTRAL SCHOOL DISTRICT
 666 REYNOLDS ROAD
 JOHNSON CITY, NEW YORK 13790

This report is to be completed for each pupil involved in an accident on or off the school premises or while on a school sponsored project. Please complete all entries. Please e-mail a completed copy of this document to Sharon Castelli in the Business Office.

SCHOOL: PRIMARY (K-2) INTERMEDIATE (3-5) MIDDLE SCHOOL (6-8) HIGH SCHOOL (9-12)

NAME OF PUPIL			AGE	GRADE	PHONE NO
PARENTS NAMES AND ADDRESS					
ACCIDENT DATE	ACCIDENT TIME	LOCATION			
DESCRIBE STUDENT'S ACTION					

LOCATION	<input type="checkbox"/> SCHOOL BUILDING	<input type="checkbox"/> SCHOOL GROUNDS	<input type="checkbox"/> SCHOOL BUS	<input type="checkbox"/> AWAY FROM SCHOOL
ACTIVITY	<input type="checkbox"/> SCHOOL SPONSORED	<input type="checkbox"/> SCHOOL SUPERVISED	STUDENT WAS A <input type="checkbox"/> PARTICIPANT <input type="checkbox"/> SPECTATOR	
TIME	<input type="checkbox"/> BEFORE SCHOOL	<input type="checkbox"/> DURING SCHOOL	<input type="checkbox"/> DURING LUNCH	<input type="checkbox"/> AFTER SCHOOL
TRAVELLING	<input type="checkbox"/> TO SCHOOL	<input type="checkbox"/> FROM SCHOOL	<input type="checkbox"/> TO FROM RELIGIOUS SERVICE	
ATHLETICS	<input type="checkbox"/> INTRAMURALS	<input type="checkbox"/> INTERSCHOOL		

INJURY					
FIRST AID RENDERED				BY WHOM?	
PARENTS NOTIFIED	WHEN?	HOW?		BY WHOM?	
<input type="checkbox"/> YES <input type="checkbox"/> NO					
FAMILY PHYSICIAN	WERE THEY CALLED?	WHEN?	BY WHOM?		
	<input type="checkbox"/> YES <input type="checkbox"/> NO				
OTHER INSURANCE					
DISPOSAL OF CASE	STUDENT WENT	<input type="checkbox"/> HOME	<input type="checkbox"/> TO CLASS	<input type="checkbox"/> TO HOSPITAL	
WITNESS					
SUPERVISOR ON DUTY				PHONE NO	

APPLICABLE IN NEW YORK

FOR YOUR PROTECTION NEW YORK LAW REQUIRES THE FOLLOWING TO APPEAR ON THIS FORM:
 Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information , or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.