

COVINGTON COUNTY SCHOOLS

ACCIDENT/INJURY REPORT

TO BE COMPLETED AND SUBMITTED TO THE SUPERINTENDENT
ON THE DAY OF THE ACCIDENT

_____ Date

FROM: _____
Signature of Principal, Department Head, Supervisor

SCHOOL: _____

Student/Visitor Name: _____
(circle one)

Date of Birth: _____

Date and Time of Accident: _____

Place of Accident: _____

Parent/Guardian/Relative Notified: _____

Other persons notified (physician, etc.): _____

Briefly explain nature of accident: _____

Briefly explain action taken/treatment of injury: _____

Report completed by: _____