



First Baptist Academy
Student Accident Report

Date: _____ Time: _____ Teacher: _____

Name of Injured: _____ Grade: _____

Place where accident/incident occurred:

Description of Injuries:

How did the accident/incident occur?

Course of Action Taken: _____

Sent to School Nurse

Emergency Medical Services

Returned to Class

Sent Home

Notified Parent/Guardian

Date: _____ Time: _____

Principal

Person Filing Report

Head of School