

STUDENT ACCIDENT REPORT

GENERAL INFORMATION

Student's Full Name		Telephone Number		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
Mailing Address			City	State	Zip Code
Describe Any Physical Handicaps					
Exact Location of Accident					
Date of the Accident (mm/dd/yyyy)		Time of the Accident		<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	
Program					
Type of Accident (fall, burn, cut, etc.)					
Part of Body Affected					
Cause of Accident (hazard)					
Describe					