

# ACCIDENT REPORT FORM

Spartanburg Christian Academy

rev. 6/17/09

Date of Accident	Name of Teacher with Child at time of Accident	Time of Accident

Name of Student	Male/Female	Grade

**Please check the appropriate box:**

In route to/from school       During school session       Other— \_\_\_\_\_

Practice or play of interscholastic sport— Name of Sport: \_\_\_\_\_

**Describe how the accident happened:**

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**Details of Injury – including part of body injured:**

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**Were other children involved?:** (please list names)

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\_\_\_\_\_  
Signature of employee with child  
at time of accident

Please fill out this form immediately after accident is taken care of and turn in to the School Nurse in the health room or the Athletic Office in the event of an accident during practice or play of an interscholastic sport.