

Cambridge School Department  
Department of Safety and Security  
459 Broadway  
Cambridge, MA 02138

## STUDENT ACCIDENT REPORT FORM

Name of Injured Person: \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Report Date: \_\_\_\_\_

Accident Date/Time: \_\_\_\_\_ School: \_\_\_\_\_

Place of Accident: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Witnesses: \_\_\_\_\_

Part of Body

Injured: \_\_\_\_\_

Apparent Extent of

Injury: \_\_\_\_\_

Describe How Accident Occurred:

Was a second person involved in accident? \_\_\_\_\_

Name of Second Person: \_\_\_\_\_

Home Address/Phone: \_\_\_\_\_

\_\_\_\_\_

Describe first aid rendered:

Final Disposition: \_\_\_\_\_

Safety Office Notified: \_\_\_\_\_ Yes \_\_\_\_\_ No Date: \_\_\_\_\_

Principal Notified: \_\_\_\_\_ Yes \_\_\_\_\_ No Date: \_\_\_\_\_

In case of a serious accident, call Security And Safety Office at 617-349-6772 or 6773.

\_\_\_\_\_  
Signature of Person Submitting Report