

**Student Accident Report Form**  
Department of Safety & Security

<b>Name of Injured Person</b>		<b>Report Date</b>	
<b>Home Address</b>			
<b>Phone Number</b>		<b>Age</b>	<b>Gender</b>
<b>Accident Date</b>	<b>Accident Time</b>		<b>School Name</b>
<b>Place of Accident</b>			
<b>Supervisor</b>			
<b>Witnesses</b>			
<b>Part of Body Injured</b>			
<b>Apparent Extent of Injury</b>			
<b>Describe How Accident Occurred</b>			

<b>Was a 2<sup>nd</sup> person involved in the accident?</b>	YES	NO		
<b>Name of 2<sup>nd</sup> Person</b>				
<b>Phone Number of 2<sup>nd</sup> Person</b>				
<b>Home Address of 2<sup>nd</sup> Person</b>				
<b>Describe First Aid Rendered</b>				
<b>Final Disposition</b>				
<b>Safety Office Notified</b>	YES	NO	<b>Date</b>	
<b>Principal Notified</b>	YES	NO	<b>Date</b>	

*In case of a serious accident, call the Department of Safety & Security at 617-349-6772.*

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Signature of Person Submitting Report