

Birmingham City Schools
Believe. Create. Succeed.

**BIRMINGHAM CITY SCHOOLS
BIRMINGHAM, ALABAMA**

REPORT OF SCHOOL ACCIDENT

SCHOOL NAME

Student Name: _____

Parent Name: _____

Name of Building: _____

Student age: _____ **Grade:** _____ **Insured:** ____ Yes ____ No

Date of Accident: _____ **Time:** _____ **Date of Report:** _____

Place (Be Specific) _____

Description of Accident: (When, Where and How did it occur?) _____

Nature of Injury: _____

Name of Doctor who treated student: _____

Date first treated: _____

Was parent notified immediately? _____ **How?** _____

Was Director's Office notified immediately? _____ **How?** _____

Signature of Teacher in Charge: _____

Principal Signature: _____