

SAU – 70
HANOVER, NEW HAMPSHIRE
ACCIDENT REPORT

(Please Type) DISTRICT _____

Date _____ School _____ Time _____

Student _____ Age _____ Homeroom _____ M/F _____

Address _____ Telephone _____

Describe the accident, where it happened and what the circumstances were:

How was the child treated and by whom? _____

Who was notified?)Underline and give name) Parent, Doctor, Police, Custodian, Superintendent,

Other _____ When _____

What activity was occurring at the time of the accident? _____

Under the supervision of what teacher?)If none, give reason) _____

Please indicate what steps will be taken in the future to insure that other accidents will not occur _____

Names of Witnesses: _____

Is the student covered by student accident insurance? Yes/No

What is the final outcome of the accident? _____

Signature of person completing form _____

Title _____

Forward to: Business Manager
Office of the Superintendent