



Holly Area Schools
Excellence in Action!

Student Accident Report Form
- Board Policy 5340

Form to be completed regardless of whether or not the student is sent home.

School Building:

Holly High School Holly Middle School Holly Elementary
 Davisburg Elementary Patterson Elementary Rose Pioneer Elementary
 Karl Richter Campus Administration Building Transportation

Today's Date: _____ Date of Error/Incident: _____ Incident Time: _____
Student Name: _____ DOB: _____ Grade: _____
Parent/Guardian Name: _____ Phone Number: _____
Time of parent/guardian notification: _____
Parent/Guardian Comment: _____

Was district nurse called: Yes No Time: _____

Incident

Location: _____
Witness (if one present): _____
Description of Accident: _____

Description of Injury: _____

Immediate Care Given:

911/EMS: Poison Control Contacted: Doctor/Dentist Notified:
Bandage: Ice: Rest: Splint: Food: Other: _____

Additional Comments: _____

Name of person filling out form: _____
Signature: _____ Date: _____

Please upload form to accident report file for administration