

**Chittenden South Supervisory District / CVU
Student Accident Report**

Place Accident Occurred: _____

Time and Date of Accident: _____

Person in charge of area (where accident occurred): _____

Name of Student: _____ D.O.B. _____

Name of Parent or Guardian: _____

Description of accident and the apparent extent of injury:

To whom was the accident first reported? _____

Was first aid administered? Yes or No (Please circle one)

If yes, what was administered?

Who administered the first aid treatment? _____

Was further medical treatment necessary? Yes or No (Please circle one)

If yes, what treatment was administered? _____

Date student returned to school: _____

Report filed by: _____ Date filed: _____

Principal's Signature: _____ Date filed: _____