

**REPORT OF ACCIDENTS AND INJURIES  
Greene County School System**

Name of injured: \_\_\_\_\_ School: \_\_\_\_\_

Date of injury: \_\_\_\_\_ Hour: \_\_\_\_\_

Date of report: \_\_\_\_\_

Place accident occurred: \_\_\_\_\_

Description of injury: \_\_\_\_\_

First Aid Provided \_\_\_\_\_

\_\_\_\_\_  
Signature \_\_\_\_\_

How accident occurred: \_\_\_\_\_

Witnesses: \_\_\_\_\_

Does injured have school insurance? \_\_\_\_\_

Disposition made of case:

Insurance report made: \_\_\_\_\_ Date filed: \_\_\_\_\_

Reported to parents: \_\_\_\_\_ Date reported: \_\_\_\_\_

Director's copy \_\_\_\_\_

Signature of person filing report

School's copy \_\_\_\_\_

Telephone Number