 Form EBBG-1

**STUDENT/SITE VISITOR ACCIDENT REPORT**

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| --- | --- |
| Student | Site Visitor |
| (Please select one) | |

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| Name: |  | | | | | | | | | | | | | | | | | | Site/School Name: | | | | | |  | | | | | | | | |
| Date of Birth: | | |  | | | | | | | | | | | | | Date of Accident: | | | | | |  | | | | | | | Time: | | |  | |
| Covered by Health Insurance or Accident Insurance?  Yes  No | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If student, provide parent’s name: | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| Address of Injured Person: | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| Location of Accident: | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Telephone: | |  | | | | | | | | | | | | | Was first aid given?  Yes  No | | | | | | | | | | | | | | |
| Type of first aid: | | | | | |  | | | | | | | | | | | | | | | Given by: | | | | | | |  | | | | | |
| Did injured person require medical attention?  Yes  No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Was 911 called?  Yes  No | | | | | | | | | | | | | | | Was injured person taken to the hospital?  Yes  No | | | | | | | | | | | | | | | | | | |
| Who transported the injured person? | | | | | | | | | | | | | |  | | | | | | | | | To which hospital? | | | | | | | |  | | |
| Relationship to injured: | | | | | | | |  | | | | | | | | | Family doctor’s name: | | | | | | | | |  | | | | | | | |
| Type of injury: | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| How did the injury occur? | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| Name(s) of Witness(es): | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| Did there appear to be a hazard that may have contributed to the accident?  Yes  No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If yes, describe: | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Has hazard been repaired?  Yes  No | | | | | | | | | | | | | | | | |
| Was there supervision?  Yes  No | | | | | | | | | | | | | | | | | | | | If yes, who? | | | |  | | | | | | | | | |
| Location of supervising personnel: | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| Student’s parents notified?  Yes  No | | | | | | | | | | | | | | | | | | If yes, by whom? | | | | | |  | | | | | | | | | |

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Date of Report Site Administrator’s Signature

Risk Management Office: (770) 420-4908 FAX: (678) 594-8580