

ACCIDENT REPORT FORM

The following particulars of **ALL** accidents must immediately be reported to the Chairperson of the Board of Management

1. Place where accident occurred: _____
2. Date and time of accident: _____
3. State cause of accident: _____

4. Give detailed account of accident stating as fully as possible the nature and result: _____

5. Did the injured person cease class/work?: _____
6. Name and address of person injured: _____

7. Name and address of witness of accident: _____

8. Name of person in charge at time when accident occurred: _____

Signature: _____

Signature of Principal Teacher: _____

Date: _____

The Insurance Company issues its own Report Form
It is useful to have copies of the Form available to the Principal Teacher of the school