**RANKIN SCHOOL ACCIDENT REPORT**

Date: Time:

Names of Parties:

Supervisor on Duty:

Witnessed By: \_

Nature of Accident: \_

Procedure Taken:

Brief Description of What Happened:

**COMPLETE THIS FORM AND RETURN TO CAROLE & APRIL K ASAP!**

RNSignature

Student accident insurance is available through the school without charge. The policy covers accidents incurred during supervised school activities. This insurance provides secondary coverage, and is meant to cover out of pocket expenses NOT covered by the primary insurance plan. Please contact the school office as 346-3182 if you wish to submit a claim.

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