

**CONCORD HIGH SCHOOL
STUDENT ACCIDENT REPORT
Insured: Concord School District
38 Liberty Street
Concord, NH 03301**

Name of Student: _____ DOB: _____ Age: _____ Grade: _____

Name of Parent/Guardian: _____

Address: _____

Time & Place of Accident: _____ Time: _____ Date: _____

Location of Accident: _____

(Exact location within school, field, etc.)

Description of Accident:

Witnesses:

(Include where witnesses may be reached)

Location & Description of Injury:

Action Taken (First Aid, Referred to Nurse/Doctor, etc.):

Disposition:

Accident Reported By: _____ Date of Report: _____

Teacher in Charge: _____ School: _____

Signature of Assistant Principal: _____