



Gilmer Independent School District
500 S. Trinity
Gilmer, TX 75644
(903) 841-7400

Accident Report

To be filled out at the time of the accident by the person caring for an injured student who is referred to a doctor.

Student's Name _____ Phone _____
Address _____ Age _____ Sex _____
Date _____ Time _____ Insurance _____
Grade _____ School _____ Teacher _____

Location of accident _____
Person in attendance _____

Nature of Accident

Part of Bodily Injury

Abrasion	Head Injury	Abdomen	Eye	Head
Bruise/Bump	Fracture	Ankle	Face	Knee
Burn	Laceration	Arm	Finger	Leg
Cut	Puncture	Back	Foot	Teeth
Convulsion	Shock	Chest	Hand	Wrist
Dislocation	Sprain	Elbow	Other _____	

How did it happen _____

Were parents notified? _____

Treatment and Disposition _____

Follow up _____

Amount of Time Lose from School _____

Signature

Position

Printed Name