



Sisters School District Number 6  
Student Accident Report, continued

Student Name \_\_\_\_\_

**7.  
Notifi-  
cation**

Was the parent or other individual notified?  No  Yes How? \_\_\_\_\_  
Name of Individual Notified \_\_\_\_\_  
By whom? (enter name) \_\_\_\_\_

**8.  
Location**

- Athletic field
- Auditorium
- Classroom
- Corridor
- Cafeteria
- Dressing Room
- Gymnasium
- Home Ec
- Laboratory
- Grounds
- Shop
- Showers
- Stairs
- Other (specify) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Follow – up (to be completed by 1<sup>st</sup> aid provider)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Total number of days lost from school \_\_\_\_\_  
(To be completed when student returns to school.)

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Date \_\_\_\_\_  
Person filling report \_\_\_\_\_  
Delegated Staff (if no nurse present) \_\_\_\_\_  
District nurse \_\_\_\_\_  
Principal \_\_\_\_\_

Distribution:  District Office  School Building  School Nurse

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