

Burlington High School Athletic/Activity Accident Report

(Appendix K)

Student's Full Name: Last: _____ First: _____ M.I. _____

Sex _____ Grade _____

Address: _____ City/State/Zip: _____

Date of accident: Month _____ Day _____ Year _____ Hour _____ AM or PM

Activity/Sport engaged in: _____

Part of body injured: Right _____ Left _____ Part: _____

Describe exact location where accident occurred:

Describe briefly how the accident occurred: _____

Name of person in charge: _____

Was first aid administered? _____ By whom? _____ Describe the first aid that was administered prior to the arrival of emergency personnel (if called): _____

Would you like a supplemental insurance form filled out? _____ Yes _____ No

Has a claim ever been filed with First Agency, Inc, on this student? _____ Yes _____ No

(The supplemental insurance covers 80% of the cost **NOT COVERED BY THE FAMILY HEALTH INSURANCE**).

Parent Signature: _____

Date: _____