

New Brunswick  
DEPARTMENT OF EDUCATION  
Appendix A  
Accident Report Form

District: \_\_\_\_\_  
School No.: \_\_\_\_\_  
School Name: \_\_\_\_\_  
\_\_\_\_\_

POLICY 129

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**NOTE: This form does not apply to accidents involving employees. In those instances, employees must complete [Form 67 – Workplace Health, Safety and Compensation – Report of Accident or Industrial Disease](#).**

**Contact Information**

Name of person(s) involved in the accident \_\_\_\_\_

Student  Visitor  Parent  Other  \_\_\_\_\_

If student, name of parent/guardian \_\_\_\_\_

Grade level of student \_\_\_\_\_ Age of student \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Phone number \_\_\_\_\_

If student, address and phone number of parent/guardian (if different from above)  
\_\_\_\_\_  
\_\_\_\_\_

**Accident Information**

Location of accident \_\_\_\_\_  
*(\*If possible, please provide pictures of accident site.)*

Date of accident \_\_\_\_\_ Time of accident \_\_\_\_\_ am/pm

Activity/Event at the time of accident (e.g. recess on the playground, movie night, sporting event)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Details and description of possible injury  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please attach additional paper as required

**Accident Information** (continued)

Details of treatment administered / Action taken by whom?

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

Medical attention received, if known (e.g. ambulance, hospital, doctor visit)?

Yes  No  Don't know

**Notification, if a student**

Parent/guardian notified? Yes  No  By whom? \_\_\_\_\_

Date and time of notification \_\_\_\_\_

Action taken by parent/guardian, if any (e.g. pick student up from school)

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

**Witness information**

Names, contact information and statements of all witnesses.

(Note: Information in each witness' statement should include the same type of information that is requested in this accident report form. Please attach statement(s) to this form).

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

**Authorization**

Report completed by \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_

Principal/supervisor \_\_\_\_\_ Date \_\_\_\_\_

**ADDITIONAL INFORMATION TO BE COMPLETED BY THE PRINCIPAL (if applicable):**

**Weather Conditions**

What were the weather conditions at the time of the accident (e.g. clear, raining, snowing, icy, foggy)?

In the case of ice and snow, was the area salted/sanded? If so, when was the last time salt/sand was applied to the area and by whom?

**Slip and Fall Accident**

What was the person wearing on his/her feet at the time of the fall?

Was the individual carrying anything at the time of the fall? If so, what?

**Playground Equipment**

Who was on duty when the accident occurred (if during school hours)?

Condition of playground equipment, if applicable.

**Accident Site**

Have there been any prior complaints regarding the accident site (e.g. broken/faulty equipment, ongoing construction, other slip and falls)? If so, please describe.

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**Follow-up**

What additional actions (if any) were taken within the first 48 hours after the accident occurred? Please describe any subsequent follow-up.

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**Other**

Describe the lighting in the area where the accident occurred (e.g. adequate, poor, no lighting).

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Other relevant information (include any personal or public property damage).

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(\*Attach photographs, if available.)

**Authorization**

Principal's signature \_\_\_\_\_ Date \_\_\_\_\_