



NORTH PANOLA SCHOOL DISTRICT

Central Office

470 Hwy 51 North Sardis, MS 38666

Phone: (662) 487-2305 Fax: (662) 487-2050

Cedric Richardson, Superintendent

“Providing a Quality Education for All Students”

STAFF/VISITOR ACCIDENT REPORT

(To be completed the same day or no later than the following morning.)

	Date received at Central Office:
Site:	Site Address/Phone Number:
Injured Party Name:	Address/Phone Number:
Where did the accident occur? (Be specific)	Date and Time:
How did the accident occur?	
Nature of injury (Be specific):	
First aid applied? ___ Yes ___ No	By whom?
Disposition of injured party (return to work, home, doctor, hospital):	Who was contacted and when? (Relatives, neighbors, etc.)
Does the injured have insurance? ___ Yes ___ No	Name of Insurance Company:
Was any school safety rule/policy violated? ___ Yes ___ No	If yes, explain:
Recommendations from Safety Committee to Prevent Recurrence:	
Name and phone number of witness(es) present at time of accident: <u>Attach Statement(s)</u>	
Signature and Title of person completing this form:	Date:

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“Leadership, Collaboration, Innovation”*

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