



COOK COUNTY SCHOOLS
INDEPENDENT SCHOOL DISTRICT 166



School Accident Report Form

Form A-R 1

General Information:

Student or Staff Name:	Grade or Position:
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Accident Information:

Date of Accident:	Time of day accident occurred:
Location Event Occurred:	Describe Accident Event:
Type of Injury: (Slip, hit, fall, cut, etc.)	Injury description including body part(s) affected:
First Aid Provided:	Communication with: _____ Parent _____ Principal _____ Nurse _____ Teacher Other: Action Taken for Prevention/Resolution:
Clinic Notified: _____ Taken to Clinic _____ Taken to Hospital _____	

Success for Each, Respect for All

101 West 5th Street, Grand Marais, MN 55604

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www.cookcountyschool.org