

BARBOUR COUNTY BOARD OF EDUCATION
Student Accident/Illness Form

Name of Injured _____ Grade _____

School _____ Accident or Illness

Witness/Supervising Staff _____

Date of Accident/Illness _____ Time of Accident/Illness _____

Description of accident/injury **(DETAILED PLEASE)**

Did injured require first aid? Yes No

Describe care/emergency action taken _____

Did injured require medical care from physician or transport to ER? Yes No

Comments: _____

Complete this form and deliver to Barbour BOE Please e-mail to eflowers@k12.wv.us & htalbott@k12.wv.us

Signature of Person Completing Form

Date

Signature of Supervisor

Date