



Green Shoots

INTERNATIONAL SCHOOL

Accident Report Form

Child's name _____

Time and Date _____

Where and how it happened

Type and location of injury (including size and severity)

Action taken

Teacher signature _____

Parent signature _____

Note: the school is to keep the original of this form and the parent is to be provided with a copy. If this form has been sent home, please sign and return and we will scan and email a copy to you for your records.