

**Student Injury / Accident Report
Hall County School System**

To be completed by Principal or Appropriate Designee

Complete this form and forward to the business office as soon as possible if a student suffers and injury or has an accident severe enough to require the student to leave school, to require parent notification or to require medical treatment at a facility outside the school.

School/Location: _____ Accident: Date: _____ Time: _____ am / pm

Student Name: