

**SCHOOL DISTRICT OF WAUPACA  
STUDENT ACCIDENT REPORT**

Each teacher who is made aware of an ACCIDENT or INJURY to a student regardless of the time, place or circumstances is asked to complete this form as best they can and return it to the Building Principal's Office.

STUDENT: \_\_\_\_\_ GRADE: \_\_\_\_\_ SCHOOL: \_\_\_\_\_

NAME OF PARENT: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

DATE OF INJURY: \_\_\_\_\_ AM OR PM (CIRCLE ONE)

UNDER WHOSE SUPERVISION? \_\_\_\_\_

WAS HE OR SHE A WITNESS? \_\_\_\_\_

ACCIDENT OR INJURY WAS INCURRED WHILE STUDENT WAS PARTICIPATING IN:

- |                |               |                                    |
|----------------|---------------|------------------------------------|
| _____ Practice | Type of Sport | _____ Travel to or from school     |
| _____ Game     | _____         | _____ In Classroom                 |
| _____ Travel   |               | _____ Physical Education           |
|                |               | _____ On School Grounds/Playground |
|                |               | _____ Other????? _____             |
|                |               | _____                              |
|                |               | _____                              |

How did accident/injury happen? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What course of action was taken?(ie: seen by nurse, parents called, sent home, recommendation of professional medical attention, etc.): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PERSON COMPLETING THIS FORM: \_\_\_\_\_ DATE: \_\_\_\_\_

PRINCIPAL SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_