

**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: _____