

**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's Name: _____ Grade: _____ School: _____

Name of Parent(s): _____

Home Address: _____

Date and Time of Injury: _____

Under whose supervision: _____

Did the supervisor witness it? _____

Accident or Injury was Occurred while the student was participating in:

- In Class - What class? _____
- On School Grounds/Playground
- Sports/Practice/Game - What Sport? _____
- Traveling/Field Trip - Where? _____
- Travel to or from School
- Other: _____

How did the accident occur?

What course of action was taken?

Was medical attention provided or will it be provided/sought? No ___ or Yes ___ Explain:

Any other information or notes?

Person Completing this form: _____ Date: _____

Principal Signature: _____ Date: _____