

**WEeping WATER PUBLIC SCHOOLS
ACCIDENT REPORT**

Please complete in duplicate

*1 copy to person (student/staff) cumulative file

*1 copy to main office file

No matter how small or unimportant any accident seems, please fill in the following information and turn in this form either by email or print out to the main office before you leave for the day.

Name of injured person:

Age:

Date-Time of Injury: AM PM

Nature of injury:

Where did the injury happen?

How did the accident happen?

Emergency treatment given (if any)?

Who was notified?

Name of witnesses.

Additional comments regarding accident: