

**SCHOOL DISTRICT OF WESTFIELD**

**STUDENT ACCIDENT REPORT**

**Name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_ **Time:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**School:** \_\_\_\_\_

**Place of Accident:** \_\_\_\_\_

**Nature of Accident:** \_\_\_\_\_

**Description of Accident:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Treatment by School Personnel:** \_\_\_\_\_

\_\_\_\_\_

**Were parents notified?** \_\_\_\_\_ **If yes, at what time?** \_\_\_\_\_

**Was a doctor called?** \_\_\_\_\_ **If yes, at what time?** \_\_\_\_\_

**Name of Doctor:** \_\_\_\_\_

**Witnesses:** \_\_\_\_\_

**Other Comments:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
**Signature of Reporting Person**

**This report is due in the principal's office the same day the accident occurred if possible.**

**Original: Student Cumulative File**  
**Copy: Parent or Guardian**