

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