

WALLED LAKE CONSOLIDATED SCHOOL DISTRICT  
REPORT OF STUDENT ACCIDENT

**Type or Print. Fill out completely; give full details. Form will be sent to Insurance Agency.**

Full Name of Injured Student \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_

Full Address \_\_\_\_\_

Date of Accident \_\_\_\_\_ Time \_\_\_\_\_ Phone \_\_\_\_\_

Describe how accident happened \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Witnesses to Accident - Names 1. \_\_\_\_\_ Phone \_\_\_\_\_

2. \_\_\_\_\_ Phone \_\_\_\_\_

3. \_\_\_\_\_ Phone \_\_\_\_\_

Was there adequate supervision? Explain \_\_\_\_\_

What was done for the injured and by whom? \_\_\_\_\_

Estimate of extent of injury \_\_\_\_\_

Did child miss any school? \_\_\_\_\_ If "yes", how many days? \_\_\_\_\_

Comments \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Principal's Signature \_\_\_\_\_ Date \_\_\_\_\_

School \_\_\_\_\_ School Phone \_\_\_\_\_

*Routing Directions:*  
1 copy to Business Office  
1 copy for Principal

Building Concern \_\_\_\_\_  
Operations \_\_\_\_\_