

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 _____