

Student Accident Report

Date of Accident: _____ Time: _____

Student(s) Name: _____ Time of Dismissal: _____

Place where accident occurred:

Student's School: _____

Student(s) Teacher: _____ Grade: _____ Room Number:

Parent Notified: Yes: _____ No: _____ Time: _____

School Nurse Notified: Yes: _____ No: _____ Time: _____

Report from Manager or Teacher (indicate nature of activity in which child was engaged, locations of injury: right or left hand, thumb, eye, etc.)

Report from staff who administered first aid: _____

Out of School Time / Manager Signature

Date of Report

Teacher Signature

Date

Parent Signature

Date

It is the policy of Westerly Public Schools not to discriminate in its educational program activities, or employment policies on the basis of age, color, gender, national origin, race, religion, sexual orientation or disability. If special accommodations are needed call 348-2700, 48 hours in advance.

