

**WALL TOWNSHIP PUBLIC SCHOOLS
STUDENT ACCIDENT REPORT**

Prepare & file with Building Principal within 24 hours of accident.

School _____ Date _____ Time of Accident _____

Injured Person _____ Grade _____ Age _____

Parent/Guardian _____

Address _____ Telephone _____

Where accident occurred _____

Description of how accident happened _____

Staff Member in charge of supervision _____

Signature

Date seen in Health Room _____ Time: _____

Description of Injury _____

First Aid Administered? Yes No By whom _____

Nature of First Aid rendered _____

Home notified? Yes No Via Telephone Message _____

Child sent: Home Class Hospital By Car Ambulance

School Insurance? Yes No Type _____ Claim Form Issued: _____

Date

Principal's Signature

Date

Follow-Up:

Reported by _____

Date _____

Board Office

Student File

Health Room