

## ACCIDENT AND INJURY REPORT

White Sulphur Springs Schools

1. Student or person's name \_\_\_\_\_ Grade \_\_\_\_\_
2. Address \_\_\_\_\_  
(P.O. Box) (Town) (State)
3. Date of accident \_\_\_\_\_  
(Month, Day, Year) (Approximate Time)
4. Place accident occurred \_\_\_\_\_
5. During what activity \_\_\_\_\_
6. If school activity, name of supervisor \_\_\_\_\_
7. How did accident happen? \_\_\_\_\_  
\_\_\_\_\_
8. Type of Injury \_\_\_\_\_
9. Name of School \_\_\_\_\_
10. Accident reported to school on \_\_\_\_\_
11. Was injured person taken to a physician or school nurse, if so please give name  
\_\_\_\_\_

Signature \_\_\_\_\_ Title \_\_\_\_\_

Date \_\_\_\_\_

**COMMENTS:**