

INSTRUCTIONS:

- 1. A report is submitted on the day of occurrence.
- 2. In case of serious injury, signed statements by witnesses must accompany report.
- 3. A followup report is required if accident causes absence from school.

ACCIDENT REPORT

WAYNE COUNTY SCHOOLS
 P.O. BOX 70
 WAYNE, WV 25570

Student/Visitor ONLY

SCHOOL _____

DATE OF REPORT _____

TIME OF REPORT _____

_____ AM _____ PM

PERSON INJURED

NAME	<input type="checkbox"/> STUDENT <input type="checkbox"/> NON-STUDENT	AGE	SEX	GRADE	<input type="checkbox"/> SCHOOL INSURANCE <input type="checkbox"/> OTHER INSURANCE	DATE FORM COMPLETED
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ADDRESS _____

NATURE OF INJURY _____

DATE _____ TIME _____ AM _____ LOCATION _____
 _____ PM

DESCRIPTION OF ACCIDENT _____

NAME OF PERSON(S) ON DUTY/WITNESS(ES)	WITNESS (ES) OFFICIAL POSITION	AGE	ADDRESS	PHONE

FIRST AID RENDERED

NURSE CONTACTED	ADDRESS	PHONE	TIME
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DOCTOR CONTACTED	ADDRESS	PHONE	TIME
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TYPE OF AID ADMINISTERED	PERSON ADMINISTERING	TIME
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ADDITIONAL MEDICAL AID

TYPE OF AID _____

PERSON ADMINISTERING	ADDRESS	TIME
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PARENT/RELATIVE CONTACTED

NAME	RELATIONSHIP TO INJURED	ADDRESS	PHONE	TIME
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<input type="checkbox"/> SENT HOME	TIME	METHOD OF TRANSPORTATION
<input type="checkbox"/> NOT SENT HOME		

ADDITIONAL INFORMATION

SIGNATURE _____ SIGNATURE OF PRINCIPAL _____

THE CONTENTS OF THIS REPORT DO NOT CONSTITUTE ANY ADMISSION OF LIABILITY ON THE PART OF THE SCHOOL SYSTEM OR ANY EMPLOYEE THEREOF.