

Accident (Injury) Report

Wellman-Union ISD

1. Name of Person Injured: _____

2. Grade/Position: _____

3. Date of Accident: _____ Time: _____

4. Name of Staff Witness: _____

5. School Days Lost due to Injury: _____

6. Course/Activity being Taught: _____

7. Location on School Property where Injury Occurred: _____

8. Body Part Injured: _____

9. Nature of Accident (bruise, sprain, laceration, etc.): _____

10. Explain Cause of Accident: _____

11. Parent Notified (Circle one): Y N Time: _____

12. Was the injured person seen by a physician? _____

Physician's Name: _____

Signature: _____ Date: _____

(Staff who witnessed accident)