



WPS Student Accident Form

Student Name

Age of Student

Gender

First Name

Last Name

Address

School

Street Address

Date of Accident

Street Address Line 2

Month Day Year

City

State

Time of Accident

Zip Code

Hour Minutes

Location of Accident (Cafe, Library, Playground, etc)

Who was supervising at the time of incident?

First Name

Last Name

Nature of Injury

Description of Incident

Action Taken / Treatment (Iced injury, returned to class, parent p/u, EMS, etc. Be descriptive)

Any building or equipment involved in this incident that should be reviewed by Operations Dept? If yes, please specify. If not, skip the question.

Name of any Witness

First Name Last Name

Signature of Person Completing Form (and Date)

Printed Name of Person Completing the Form

Principal has reviewed (Sign here) and Date

Retain Original.
Copy to Parent/Student
Please send a copy to Ed Smith, Director of Operations.