

<i>For Business Office Use Only</i>
Case Number: _____
District / School: _____

**WAUNAKEE COMMUNITY SCHOOL DISTRICT
MEDICAL INCIDENT / ACCIDENT REPORT**

Directions:

In the event of an accident, significant illness or medical emergency in a school while an individual is under the direction of the district (field trips, extra-curricula activities) a Medical Incident / Accident Report should be completed by the supervising staff as soon as possible. It is imperative that the form be completed in detail, signed, dated and submitted to your direct supervisor within 24 hours.

Injured or Ill Individual:

Last Name	First Name	M.I.	Sex
_____	_____	_____	<input type="checkbox"/> Male <input type="checkbox"/> Female

Student ____	Position/Grade Level	School/Building
Employee ____	_____	_____
Visitor ____	_____	_____

Home Address:

Street	City	State	Zip
_____	_____	_____	_____

Incident Information:

Date of Illness/Accident	Time of Illness/Accident	Illness/Accident Location (Building)
_____	_____	_____
mo. / day / yr.	hour / a.m. or p.m.	

First Adult Responder

Name	Position	Building/School
_____	_____	_____

Detailed Description of the Incident:

Witnesses to Onset of Illness and/or Accident:

1. _____
Name and Title
2. _____
Name and Title
3. _____
Name and Title

(over)

