

**Wayne County School District  
Accident Report**

Please report accidents to the office immediately. This report must be turned in on the same day as the accident occurs.

**School :** \_\_\_\_\_

**Pupil's Name:** \_\_\_\_\_ **Teacher:** \_\_\_\_\_

**Date of Accident:** \_\_\_\_\_ **Time:** \_\_\_\_\_

**Description of Accident:**

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**What was the pupil doing at the time of the accident?**

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**Name of the person supervising the pupil at the time of the accident:**

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**Name of Witness:**

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**Attach statements of witnesses.**

**Describe the nature of first aid provided:**

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**Was Parent Notified?** \_\_\_\_\_ **How?** \_\_\_\_\_ **Time:** \_\_\_\_\_

**Was ambulance or private physician called?** \_\_\_\_\_

**Signature of Supervising Faculty member:**

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