



**WYLIE INDEPENDENT SCHOOL DISTRICT
Accident/Occurrence Report Form**

Student/Staff/Visitor Information

Name _____
Date of Birth _____
Grade _____ Teacher _____

Date of Incident _____
Time of Incident _____
 Male Female

Parent/Guardian Information

Name(s) _____
Address _____
Phone: Work _____ Cell _____ Home _____

School Information

School _____ Principal _____ Phone _____

Location of Incident (Select One):

Comments: _____

When did the incident occur?

Comments: _____

Surface Type?

Comments: _____

Nature of Injury?

Comments: _____

Body Part Injured?

LEFT RIGHT BOTH

Contributing Factors?

Comments: _____

Staff Involved?

Comments: _____

Incident Response (check all that apply):

- First Aid Time _____ By whom _____
- Parent/Guardian Notified Time _____ By whom _____
- Unable to Contact Parent/Guardian Time _____ By whom _____
- Parents Deemed No Medical Action Necessary
- Sent/Taken Home Days of School Missed _____
- Assessment/Follow-up by School Nurse Action Taken _____
- Called 911/EMS Time _____ By whom _____
- Taken to Health Care Provider/Clinic/Hospital/Urgent Care Diagnosis _____ Days of School Missed _____
- Hospitalized Diagnosis _____ Days of School Missed _____
- Restricted School Activity (explain): _____ Length of Time Restricted _____ Days of School Missed _____
- Other _____

Describe care provided and additional comments:

Print Name of Staff Member Completing Form _____

Signature of Staff Member Completing Form _____ **Date/Time** _____

Principal/Supervisor Signature _____ **Date/Time** _____

All information contained herein may be used for insurance claim processing.

Please send copy of completed form to Risk Management to:

LaToya.Scott@wylieisd.net or fax: 972-941-6073