

HALIFAX COUNTY SCHOOLS

REPORT OF ACCIDENT

The immediate supervisor should forward one copy of this report to the Worker's Compensation Specialist at Central Office within two (2) days after an accident as stated in Policy (page 29).

Person Involved in the accident:

Name: _____ Age: _____ Sex: _____ If Student, Grade: _____

If person is not student; please identify the relationship with the school:

Full Mailing Address: _____

_____ Phone#: _____

Date of Accident: _____ Time: _____

Description of Accident:

- Where did it occur? _____

- How did it occur? _____

- Nature of injury: _____

- Witness: _____

Principal/Supervisor

School