

INDEPENDENCE SCHOOL DISTRICT
23786 INDEE BLVD
INDEPENDENCE, WI 54747
ACCIDENT REPORT

Name of Injured _____ Age _____ Male or Female

Address _____

Telephone Number _____

Time of Accident _____

Exact Date and Time of Injury _____

Where was Above Named injured? ___Phy Ed ___Athletics ___Classroom ___Bus ___School Grounds
___School Building ___Other _____

If in athletics, what sport? _____ Practice or Game

Where did injury occurred? (room, area, site) _____

Exact description of the injury: _____

Was first aid administered? YES NO If YES, what type?

Who administered first aid? _____

Follow up, if any, directed: _____

Name of Principal/Administrator notified about the accident: _____

Received in the district office _____(date) _____(time)

Reviewed by: _____