**WAKE COUNTY PUBLIC SCHOOL SYSTEM**
**Risk Management Department**
**STUDENT/VISITOR ACCIDENT REPORT FORM**

## I. To be completed by School Administrator, Supervising Teacher or other employee.

Name of injured person: _____ Age: _____ Grade: _____

School Name: _____ Date of injury: _____ Time: _____

Before/After Program: _____ Room or location where injury occurred: _____

Part(s) of body injured: _____ Nature of injury: ☐ Laceration/Abrasion ☐ Fracture

☐ Sprain/Strain ☐ Burn ☐ Amputation ☐ Electrical Shock ☐ Puncture ☐ Bruise/Contusion

☐ Concussion ☐ Dislocation ☐ Other: _____

Description of the accident (Specifically): How did it happen? What was the student or visitor doing? Why did the accident occur? _____

Specify any tool or equipment involved. _____

Corrective Action to prevent same type accident: _____

List any witnesses and/or participants: _____

FILLED OUT BY: _____ Date: _____

ADMINISTRATOR, TEACHER, &/OR OTHER EMPLOYEE SIGNATURE: _____

---

## II. To be completed by person giving treatment or assistance.

Immediate action taken: ☐ First aid treatment (Ice, Washed wound, Kept immobile, Observed, Stopped bleeding, Applied splint, Applied dressing). ☐ Released to Parent ☐ Called 911 ☐ Parent or self took to Physician/ER

Name of physician: _____ Sent to hospital/Urgent Care: ☐ Yes ☐ No

Name of hospital/Urgent Care: _____ Other: _____

Individual Notified Name (parent/guardian/other): _____

Individual Notified above (telephone number): _____

Time and method of notification/attempt(s) to notify: _____

Remarks and recommendations: _____

FILLED OUT BY: _____ Date: _____

**Form 2903, Revised 3/08, 10/09, 4/10, 6/12 Electronically send one (1) copy of this report to Risk Management, rm-accident-reports@wcpss.net and retain one (1) copy for your file.**