

STUDENT ACCIDENT REPORT FORM**Willmar Public Schools – ISD 347**

Date of Incident: _____ Time: _____ AM/PM

Location (Include building and specific area): _____

Who was Injured: (circle one) Student Staff Visitor

Name of Injured Person: _____

Address: _____

Phone Number(s): _____

Date of Birth: _____ Male _____ Female _____

Type of Injury (Include body part(s) involved): _____

Details of Incident: _____

Injury Requires Medical Attention (doctor/hospital/urgent care) Yes _____ No _____

School Personnel Present: _____ Phone Number _____

School Personnel Present: _____ Phone Number _____

Person Completing Report: _____ Phone Number _____

Title: _____ Date Form Completed: _____

ONSITE CARE

Care Done Onsite: _____

Name/Title of Person Providing Care: _____

Signature: _____

Date: _____