



## WALDORF KNOLL ACADEMY

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### Accident Report

INJURED STUDENT'S GRADE \_\_\_\_\_

DATE OF INCIDENT \_\_\_\_\_

TIME \_\_\_\_\_

INJURED STUDENT'S NAME \_\_\_\_\_

DESCRIBE WHAT HAPPENED: \_\_\_\_\_

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DESCRIBE INJURY: \_\_\_\_\_

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SCHOOL EMPLOYEES OR VOLUNTEERS WHO WITNESSED INCIDENT:

NAME

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#### MEDICAL RESPONSE

WAS MEDICAL ATTENTION NEEDED OR PROVIDED?

FIRST AID GIVEN: YES ☐ NO ☐

TAKEN TO THE HOSPITAL: YES ☐ NO ☐

FOLLOW-UP (IF APPLICABLE): \_\_\_\_\_

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TEACHER/SITE ADMINISTRATOR SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_