

WILLIAMS UNIFIED SCHOOL DISTRICT
REPORT OF PUPIL or ADULT ACCIDENT

School: ___ Williams Elementary ___ Williams Upper Elementary ___ Williams Jr. Hi School ___ Williams High School

Pupil or Adult Name: _____

Pupil or Adult Phone Number: _____ Grade(if pupil) _____

Where accident occurred: _____

Date: _____ Time: _____ a.m. _____ p.m.

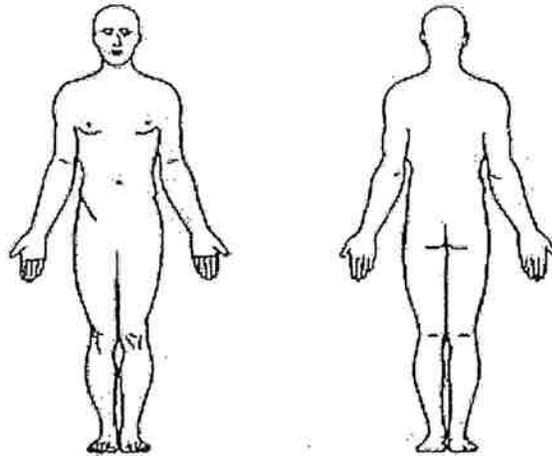
Describe how accident occurred: _____

Adult in charge: _____ Was he/she present at the time? _____

Witness: _____

Location of injury:

- | | | |
|---------------------------------|----------------------------------|-----------------------------------|
| <input type="checkbox"/> Head | <input type="checkbox"/> Eye | <input type="checkbox"/> Face |
| <input type="checkbox"/> Neck | <input type="checkbox"/> Chest | <input type="checkbox"/> Abdomen |
| <input type="checkbox"/> Back | <input type="checkbox"/> Arm L/R | <input type="checkbox"/> Hand L/R |
| <input type="checkbox"/> Finger | <input type="checkbox"/> Leg L/R | <input type="checkbox"/> Foot L/R |



Apparent nature of injury:

- | | |
|------------------------------------|--|
| <input type="checkbox"/> Abrasion | <input type="checkbox"/> Cut |
| <input type="checkbox"/> Contusion | <input type="checkbox"/> Concussion |
| <input type="checkbox"/> Bee Sting | <input type="checkbox"/> Strain/sprain |
| <input type="checkbox"/> Fracture | <input type="checkbox"/> Dislocation |

Other (specify): _____

Disposition of injured after accident: ___ Class ___ Home ___ Doctor/ Hospital

Who was notified? _____ Relationship to injured: _____

If injured party left school, who were they released to? _____

Remarks: _____

Report completed by: _____ Title: _____ Date: _____

Report Approved by: _____ Title: _____ Date: _____