

Warren County Special Services School District
1500 Route 57, Suite 1
Washington, NJ 07882
Tel. 908-835-1004 Fax 908-835-1042

STUDENT ACCIDENT REPORT

Name of Student _____ Host School _____

Student home address _____ Phone _____

Date of Injury _____ Timer of Injury _____

Location of Accident _____

Teacher/Staff present _____

Description of Injury _____

Action taken _____

By Whom _____

Individuals Notified of Injury _____

Name of Family Doctor _____

Doctor Notified Yes No

Signature of person completing this report

_____/_____/_____
Date

Signature of Nurse

_____/_____/_____
Date

Comments _____

Student (if injured) requested to report to Nurse on _____

c: Superintendent of WCSSSD, Host School Principal or Chief School Administrator, School Nurse,
Board Secretary WCSSSD

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