



Wilson County Schools

Accident Report

(Visitors, Volunteers, etc.)

Please report all accidents to the Administrative Services office immediately. This report should be turned in on the same day of the accident.

School: _____

Name of injured: _____

Legal Guardian (If Minor): _____

Address: _____ City: _____ Zip: _____

Telephone Number: (_____) _____

Date of Accident: _____ Time of Accident: _____ AM PM

Details of Accident:

Were there witnesses to the accident? Yes No

If yes, please list:

1. _____

2. _____

Was first aid administered? Yes No

Was the injured person transported to the hospital by ambulance? Yes No

Signature of Person Completing Report

Date

A copy of this report should be sent to the Executive Director of Administrative Services upon completion.