

Wayland Public Schools  
Wayland, Massachusetts

**STUDENT ACCIDENT REPORT**

Instructions: Accidents occurring on school property and accidents involving school children when in the custody of the school authorities are to be reported on this form by the Principal to the Superintendent of Schools as soon as practicable. Accidents involving a school bus are to be reported in the same manner by the bus driver.

**TO: Dr. Paul Stein, Superintendent of Schools**

**Name of Staff Member:** \_\_\_\_\_ **Position:** \_\_\_\_\_

**School:** \_\_\_\_\_

**Date of Accident:** \_\_\_\_\_ **Time:** \_\_\_\_\_ **Location:** \_\_\_\_\_

1. Person(s) involved: \_\_\_\_\_

2. Nature and extent of personal injuries: \_\_\_\_\_  
\_\_\_\_\_

3. How did accident happen? Give names of witnesses and any additional information:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Was a physician called? \_\_\_\_\_ If so, name (if known): \_\_\_\_\_

5. Were parents notified? \_\_\_\_\_ If so, which parent? \_\_\_\_\_ Home \_\_\_\_\_ Work \_\_\_\_\_

6. Was first aid treatment given? \_\_\_\_\_ If so, by whom? \_\_\_\_\_

7. If it was necessary to remove injured person from school, where was he/she taken and by whom?  
\_\_\_\_\_  
\_\_\_\_\_

8. Ultimate disposition of accident: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Optional Report – Use if Applicable**

9. Damage to school property: \_\_\_\_\_  
\_\_\_\_\_

10. Damage to property of others: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Principal

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Staff Member

\_\_\_\_\_  
Date