WSD 246
WENATCHEE SCHOOL DISTRICT
235 Sunset Avenue 509.663.8161 509.663.3082 fax

Report of Visitor Accident/Injury on School Grounds/Facilities

Injured Person's Name:_____ Date:_____

Name of Facility or Grounds where accident occurred:_____

_____

_____

Date of Injury:_____

Date injury was reported to you:_____ Exact time reported to you:_____

Who reported the accident:_____

Describe the accident:_____

_____

_____

_____

Specific body part injured:_____

Type of injury (puncture, sprain, etc.):_____

Was first aid required?_____ Was a doctor's treatment required?_____

Comments:_____

_____

Witnesses? ( ) Yes ( ) No Name(s)_____

Witness statement:_____

_____

_____

Person Completing Report:_____ Date:_____

Signature:_____

Please route this form to the District Office Finance Assistant