



Orange Township Public Schools



Pupil Accident Report

Gerald Fitzhugh, II, Ed.D.
Superintendent of Schools

SCHOOL _____ Date of Report _____

Student's Name: _____ Grade: _____

Student's Address: _____

Parent's Name: _____ Phone Number: _____

Date of Accident: _____ Time: _____ Location: _____

Staff Member in Charge: _____

The following is to be completed by the Staff Member in charge

Describe the student's injury, detailing exactly where on the body it is located: _____

What was the child's activity at the time of accident/injury? _____

Describe how the accident/injury happened: _____

Signature of Staff Member in Charge

Assessment /treatment by the School Nurse: _____

Parent/Guardian notified: _____ Yes _____ No If no, state the reason: _____

Recommendation to Parent/Guardian: _____

Signature of Building Principal

Signature of School Nurse

Original report to Business Office; Copies to Building Principal, School Nurse and Director of Special Services.