



# Orange Township Public Schools



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

## Pupil Accident Report

Please use this form to report all pupil accident and injuries. **All incidents** must be forwarded to the Business Office and the Office of the Superintendent within 48 hours. Please print clearly.

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

Date of Report: \_\_\_\_\_

Student's Name: \_\_\_\_\_

Grade: \_\_\_\_\_

Student's Address: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Date of Accident: \_\_\_\_\_ Exact Location of Accident: \_\_\_\_\_

Staff Member in Charge at the Time of Accident: \_\_\_\_\_

*\*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 student's activity at the time of the 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, please state reason: \_\_\_\_\_

Recommendation to Parent/Guardian: \_\_\_\_\_

\_\_\_\_\_

Signature of Building Principal

\_\_\_\_\_

Signature of School Nurse