

GRISWOLD PUBLIC SCHOOLS

211 SLATER AVENUE

TELEPHONE: 376-7600 GRISWOLD, CONNECTICUT 06351 FAX: 376-7607

Report of School Accident

Child's name: _____

Date & time of accident: _____

Date of birth: _____

Nature of injury (Please be specific and accurate) _____

Describe how the accident occurred (Please provide all details): _____

Name(s) & address(es) of witness(es), if

Name of doctor if seen by one: _____

Name of hospital if seen at one: _____

Did accident occur during school hours? _____

Did accident occur traveling to or from school? _____

Did accident occur during school-sponsored activities away from school or after school hours and where? _____

Did accident occur during interscholastic game (if so, name activity)? _____

Signature of Teacher/Nurse on duty: _____ Date: _____