



**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_ **CELL:** \_\_\_\_\_

**DATE OF ACCIDENT:** \_\_\_\_\_ **TIME OF ACCIDENT** \_\_\_\_\_ **AM/ PM**  
Month day year

**PLACE OF ACCIDENT:** \_\_\_\_\_

**DESCRIPTION OF ACCIDENT:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**LIST ANY INJURIES:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**MEDICAL TREATMENT REQUIRED:** NO \_\_\_ YES \_\_\_ **NAME OF FACILITY/PHYSICIAN:**

\_\_\_\_\_  
\_\_\_\_\_

**WITNESS NAME/PHONE:** \_\_\_\_\_

**SIGNATURE OF SUBJECT:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**REPORT RECEIVED BY:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**PRINCIPAL SIGNATURE:** \_\_\_\_\_

After completing report, original is to be sent to Human Resources, Lake Wales Charter Schools

**Note: This report is for documentation purposes only and does not constitute the admission of liability on the part of Lake Wales Charter Schools or any employee thereof.**