

HADDONFIELD PUBLIC SCHOOLS
Haddonfield, New Jersey 08033

Athletic Insurance _____
School Time Insurance _____
Round the Clock Insurance _____
Workman's Comp _____

HEALTH SERVICES ACCIDENT REPORT
SCHOOL: _____

Date of Accident _____ Time of Accident _____ AM () PM ()

Name of Claimant _____
Last First

Student / Staff
(Circle one)

Address _____

Parent / Guardian Name (if student) _____

Place of Accident _____

Nature of Injury _____

Description of
Accident _____

What Activity? _____ Supervisor of Activity _____

Immediate Action Taken : Please check:

Sent to Nurse () Sent home with Parent / Guardian () Time _____

Sent to Hospital () Parent Notified () By whom? _____

Other () _____

Signature of Person Completing this Form _____

Student Insurance Form sent? Yes () No ()

Workman's Comp Forms to Employee Yes () No ()

Date of Report _____ Nurse's Signature _____

Principal's signature _____ Date sent to Board _____