



ST. PAUL PUBLIC SCHOOLS
PRINCIPAL'S REPORT OF STUDENT ACCIDENT

(Who) Student Injured:

Name: Address:

Sex: Age: Telephone:

Parents Name: Telephone:

(When) Date of Accident:

(Where) Place of Accident (Give details):

(What) Description of Accident (Use reverse side if necessary):

Check if Injury involved the head: Letter to Parent (Form H-11) sent:

Nature and extent of injury:

Disposition (first aid, sent home, taken home, taken to hospital, etc.):

Witness to Accident (Indicate whether student, teacher or other):

Name: Address: Classification:

Name: Address: Classification:

Name: Address: Classification:

Reported by: Position:

School: Telephone:

Teacher in charge at time of accident:

Principal's Signature: Telephone:

Fax to Kathy Landru: 952-563-9673
Email: Kathy_Landru@wellsfargois.com
Telephone: 952-830-3073