



# Weslaco Independent School District

## Risk Management Department



Telephone (956) 969-6530  
Fax (956) 973-2500

319 West 4<sup>th</sup> Street  
P.O. Box 266  
Weslaco, TX 78599-0266

### ATHLETE & STUDENT ACCIDENT / INCIDENT REPORT

School/Department: \_\_\_\_\_ Date of Accident: \_\_\_\_\_

Student: \_\_\_\_\_ SS/ID#: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Time of Accident: \_\_\_\_\_ Grade: \_\_\_\_\_

Parents/Guardian Notified: ( ) Yes ( ) No Date: \_\_\_\_\_ Time: \_\_\_\_\_

Student Picked-up: ( ) Yes ( ) No By: ( ) Parent/Guardian ( ) Ambulance Time: \_\_\_\_\_

Name of Parents/Guardian: \_\_\_\_\_

Name of Teacher supervising activity: \_\_\_\_\_

Activity at the time of accident: \_\_\_\_\_

Cause of Accident: \_\_\_\_\_

Description/Attention given to student: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

#### W.I.S.D. Employee Reporting Accident

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Nurse's/Trainer's Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_