



Weslaco Independent School District

Risk Management Department

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



Dr. Priscilla Canales
Superintendent of Schools

Administrator/Supervisor Report of Employee Accident or Incident

Name of Injured Employee: _____ S.S. or Employee ID no: _____

Date of Accident: _____ Time of Accident: _____ A.M. / P.M.

Campus/Location of Accident/Incident: _____ Employee's position: _____

Description of Injury: _____

Body Parts Affected: _____

Name of Witness (if any): _____ Phone number: _____

Date Administrator/Supervisor was notified of injury: _____

Did this employee require medical attention: Yes No, **RECORD ONLY**

If Yes, was ambulance called: No / Yes, transported to: _____ or sent to Risk Management: _____

Name of administrator/Supervisor: _____ Phone: _____

[PRINT]

Administrator/Supervisor Signature

Date Signed