



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

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: _____