

**St. Lucie Public Schools
Standard Student Accident Report Form**

Student's Name _____ Date ___/___/___ Time ___:___ am/pm

School _____ Grade _____

Name(s) of staff member(s) in charge when accident/injury occurred:

Witnesses (if any): 1. _____

2. _____

Description of accident/injury: _____

Signature _____

STS0075 Rev. 10/12

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