



Chesterfield County School District

401 West Boulevard
Chesterfield, SC 29709
Telephone Number 843.623.2175
Fax Number 843.623.3434

Dr. J. Harrison Goodwin, Superintendent

ACCIDENT/INJURY INFORMATION SHEET

Student's Name: _____ Date: _____

School _____

Location at school where injury occurred: _____ Time: _____

Type of Injury – Describe in Detail: _____

State the cause of the injury: _____

Staff members who have the most knowledge concerning the injury:

1. _____
2. _____
3. _____

Principal's Signature

Date submitted to OFFICE OF STUDENT SERVICES : _____

“Excellence in academics, arts and athletics”