

Lake Chelan School District
STUDENT ACCIDENT REPORT FORM
Instructions

Use the STUDENT ACCIDENT REPORT form to report each serious student accident coming under the jurisdiction of the school's authority. This form, when completed, should be filed in the office for future reference for the school's protection in case litigation may result from the accident at some future date. Minor accidents such as scratches, bruises, etc., need not necessarily be reported.

1. Name _____ Home Address _____
2. School _____ Sex M F Age _____ Grade _____
3. Time accident occurred: Hour _____ a.m. _____ p.m. Date _____
4. Place of accident: School building School grounds School bus
 Off school premises and under school jurisdiction
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5. NATURE OF INJURY

PART OF BODY INJURED

Abrasion _____	Dislocation _____	Abdomen _____	Face _____	Nose _____
Amputation _____	Fracture _____	Ankle _____	Finger _____	Scalp _____
Asphyxiation _____	Poisoning _____	Arm _____	Foot _____	Tooth _____
Bruise (Serious) _____	Puncture _____	Back _____	Hand _____	Wrist _____
Burn (Serious) _____	Scalds _____	Chest _____	Head _____	
Concussion _____	Shock (elect.) _____	Ear _____	Knee _____	
Cut (Serious) _____	Sprain _____	Elbow _____	Leg _____	
Other (Specify) _____		Eye _____	Mouth _____	
_____		Other (Specify) _____		

6. Degree of Injury _____
7. Total number of days lost from school _____
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8. Person in charge when accident occurred (Name and Title) _____
- Was he/she present at scene of accident? No Yes
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9. IMMEDIATE ACTION TAKEN

First-aid treatment _____

Sent to school nurse _____

Sent home _____

Physician's Name _____

Sent to hospital No Yes Name of hospital _____

10. When further explanation will clarify accident, please write details on other side.

11. Person notified Mother Father Other _____ When? _____

By whom? (Name/Title) _____

Witness 1. _____ Address _____

Witness 2. _____ Address _____

12. LOCATION

Athletic Field	_____	Fences & Walls	_____	School Grounds	_____
To & From School	_____	Bus Stop	_____	Restrooms	_____
Cafeteria	_____	Gymnasium	_____	Classroom	_____
Corridor	_____	Lockers	_____	Laboratories	_____
Field Trip	_____	Drivers Ed	_____	School Bus	_____
Steps & Stairs	_____	Shop (Name)	_____	Other	_____
Showers/Dressing Rooms	_____				

13. PHYSICAL EDUCATION ACTIVITIES

Weight Lifting	_____	Football	_____	Basketball	_____
Soccer	_____	Volleyball	_____	Baseball/Softball	_____
Hockey	_____	Track & Field	_____	Other	_____

14. INTERSCHOLASTIC ACTIVITIES

Baseball	_____	Golf	_____	Wrestling	_____
Basketball	_____	Volleyball	_____	Softball	_____
Track & Field	_____	Tennis	_____	Cross Country	_____
Football	_____	Soccer	_____	Other	_____

15. DETAILED DESCRIPTION OF THE ACCIDENT

In completing this accident report, it is essential that the accident be described in sufficient detail to show conditions existing when the accident occurred.

If unsafe acts or conditions are noted, steps should be taken immediately for their correction.

Signed by teacher or supervisor _____

All completed accident report forms should be filed for further reference until it is determined by the school authorities that no civil action may be taken by the parents or students.