Wenatchee School District

STUDENT ACCIDENT REPORT FORM

TO BE USED FOR ALL STUDENT ACCIDENTS

____
Person Completing Form

____
Date

Person in charge when accident occurred: ______________________________ Present at time of accident? Yes ☐ No ☐

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

Student's Name:		Home Address:		Phone Number:
School:		Gender: M ☐ F ☐	Age:	Grade:
Date of Accident:		Time of Accident:	Birthdate:	

Nature of Injury (check all that apply)		**Body Part Injured** (check all that apply)	Right	Left	**Location**	
Abrasion	☐		Right	Left	Auditorium	☐
Accidental Contact	☐	Abdomen	☐	☐	Bathroom	☐
Animal Bite/Sting	☐	Ankle	☐	☐	Bus/Bus Stop	☐
Assault	☐	Arm	☐	☐	Cafeteria	☐
Assault w/Weapon	☐	Back	☐	☐	Classroom	☐
Athletic Injury (After school)	☐	Ear	☐	☐	Gym	☐
Athletic Injury (During school)	☐	Elbow	☐	☐	Hallway	☐
Bio-Hazard Exposure	☐	Eye	☐	☐	Library	☐
Bruise	☐	Face	☐	☐	Locker Room	☐
Burn/Scald	☐	Finger	☐	☐	Off Campus	☐
Chemical Exposure	☐	Foot	☐	☐	Parking Lot	☐
Chipped Tooth	☐	Hand	☐	☐	Playground	☐
Choking	☐	Head	☐	☐	Restroom	☐
Concussion Suspected	☐	Hip	☐	☐	School Grounds	☐
Electrical Injury	☐	Knee	☐	☐	Shop	☐
Eye Injury	☐	Leg	☐	☐	Field	☐
Fall From Elevated Surface	☐	Mouth	☐	☐	Steps/Stairway	☐
Fracture Suspected	☐	Nose	☐	☐	Other	☐
Hit By Foreign Object	☐	Shoulder	☐	☐	(please describe)	
Horseplay	☐	Toe	☐	☐		
Human Bite	☐	Wrist	☐	☐		
Illness	☐	Other				
Laceration	☐					
Medical Condition	☐					
Puncture Wound	☐					
Smashed	☐					
Struck Stationary Object	☐					
Trip/Slip	☐					
Vocational	☐					

Specify Activity (i.e. football, soccer during PE)

If the accident was the result of machine or equipment failure, specify the failure, in detail.

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.

Description of Accident: (Use backside of sheet, if necessary)

Action Taken	☐
First Aid Treatment	☐
Sent to School Nurse	☐
Ambulance Called	☐
Sent to Hospital	☐
No treatment	☐
Called Parents/Guardian (REQUIRED)	☐
Sent Home	☐
Other	☐

Action Taken By Whom: ____

Specify Action Taken:

Witnesses: List all witnesses, use backside of sheet if necessary (if written statement is taken, please attach it to this form)

Name:	Address:	Phone Number:
Name:	Address:	Phone Number:
Name:	Address:	Phone Number:
Name:	Address:	Phone Number:

All completed accident report forms should be filed in the nurse's office and the original form sent to the finance assistant at the district office.

_______________________________________ Date:___________
Principal's Signature

_______________________________________ Date:___________
Staff/Coach's Signature