



WELLPINIT SCHOOL DISTRICT #49

PO Box 390 / 6270 Ford-Wellpinit Road Wellpinit WA 99040
Telephone: (509) 258.4535 Fax: (509) 258.7378

STUDENT ACCIDENT REPORT FORM A

INSTRUCTIONS

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.

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 []

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

6. Degree of Injury _____
7. Total number of days lost from school _____

8. Teacher or person in charge when accident occurred (Enter name) _____
- Was he/she present at scene of accident: No _____ Yes _____ Title _____
- What was the student doing when injured? _____

9. **Immediate Action Taken**
- First-aid treatment _____
- Sent to school nurse _____
- Sent home _____
- Sent to physician _____
- Physician's Name _____
- Sent to hospital: No _____ Yes _____ Name of hospital _____

10. Person notified: Mother _____ Father _____ Other _____ When _____
By whom: (Enter name) _____

11. Witnesses: 1. Name _____
2. Name _____

LOCATION

Apparatus (Playground) _____	Fences and walls _____ Field trips _____	School crossing (Patrolled) _____	Steps, stairways & walks (outside) _____
Athletic Field _____	Gymnasium _____	School ground _____	To & from bus stop _____
Auditorium _____	Laboratories _____	Shop (Name): _____	To & from school _____
Bus stop _____	Lockers (room and/or corridor) _____	Showers and dressing rooms _____	Toilet and washrooms _____
Cafeteria _____	Playrooms _____	Steps and stair- ways (inside) _____	Other (specify) _____
Classroom _____	Pool _____		
Corridor _____	School bus _____		
Driver education (Behind Wheel) _____			

PHYSICAL EDUCATION ACTIVITIES:

Apparatus _____	Football _____	Swimming _____	Volleyball and similar games _____
Baseball – Softball _____	Hockey (field) _____	Track and Field events _____	Other organized games _____
Basketball _____	Soccer and soccer type games _____		

INTERSCHOLASTIC ATHLETICS:

Baseball _____	Football _____	Swimming _____	Wrestling _____
Basketball _____	Golf _____	Tennis _____	Other _____
	Gymnastics _____	Track & field _____	

UNORGANIZED ACTIVITIES:

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.

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 student.

(Use additional sheets if necessary)

SIGNED: Principal _____

Teacher _____