

STUDENT ACCIDENT REPORT

Southwest Washington Risk Management Insurance Cooperative
(360) 750-7504 • FAX (360) 750-9836

SCHOOL INFORMATION

District: _____ School: _____ Building: _____
Teacher (Home Room): _____ School Telephone #: () _____

STUDENT INFORMATION

Student's Full Name: _____ Date of Birth: _____ Age: ____ Grade: ____
Parents / Guardian Name: _____ Telephone #: () _____
Street Address: _____ Mailing Address: _____
City: _____ State: _____ Zip Code: _____

INJURY INFORMATION

Date of Injury: _____ Time: _____ AM ____ PM ____
Specific Nature of Injury: (Body Part): _____
Description of Accident: (What was student doing? List conditions at time of injury. Specify if tool, machine or equipment being used) _____

Person in Charge: _____ Title: _____ Present at Scene: Yes ____ No ____
Specific Location of Accident: (Playground east side of slide, In hall outside room #, etc.) _____

Witnesses: (List name, address & telephone number - Attach separate sheet if necessary)

(1) _____
(2) _____

ACTION TAKEN

Type of First Aid Treatment Given: _____
Given by: _____ Student Sent Home? Yes ____ No ____ , If so, by whom: _____
School Nurse, if involved: _____ EMT's, if involved: _____
Sent to Doctor: Yes ____ No ____ By Whom: _____ Doctor: _____
Sent to Hospital: Yes ____ No ____ By Whom: _____ Hospital: _____
Hospital Address: _____
Was parent/guardian or other individual notified? Yes No ____ Who: _____ Relationship: _____
How Notified: _____ Date _____ Time: _____ AM ____ PM ____

FOLLOW-UP

Status of Student after Incident: _____
Problem Corrected: Yes: ____ No: ____ Specific Actions Taken to Prevent Future Accidents: _____

Principal's Signature _____

Person Observing or Reporting Accident _____