

WENATCHEE SCHOOL DISTRICT STUDENT ACCIDENT REPORT FORM

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 |
|----|--|---------------------------------|
| | <input type="checkbox"/> Abrasion | <input type="checkbox"/> Eye |
| | <input type="checkbox"/> Amputation | <input type="checkbox"/> Face |
| | <input type="checkbox"/> Asphyxiation | <input type="checkbox"/> Finger |
| | <input type="checkbox"/> Bruise (Serious) | <input type="checkbox"/> Foot |
| | <input type="checkbox"/> Burn (Serious) | <input type="checkbox"/> Hand |
| | <input type="checkbox"/> Concussion | <input type="checkbox"/> Head |
| | <input type="checkbox"/> Cut (Serious) | <input type="checkbox"/> Knee |
| | <input type="checkbox"/> Other (specify) _____ | <input type="checkbox"/> Leg |
| | <input type="checkbox"/> Dislocation | <input type="checkbox"/> Mouth |
| | <input type="checkbox"/> Fracture | <input type="checkbox"/> Nose |
| | <input type="checkbox"/> Poisoning | <input type="checkbox"/> Scalp |
| | <input type="checkbox"/> Puncture | <input type="checkbox"/> Tooth |
| | <input type="checkbox"/> Scalds | <input type="checkbox"/> Wrist |
| | <input type="checkbox"/> Shock (elec.) | |
| | <input type="checkbox"/> Sprain | |
| | <input type="checkbox"/> Abdomen | |
| | <input type="checkbox"/> Ankle | |
| | <input type="checkbox"/> Arm | |
| | <input type="checkbox"/> Back | |
| | <input type="checkbox"/> Chest | |
| | <input type="checkbox"/> Ear | |
| | <input type="checkbox"/> Elbow | |
| | <input type="checkbox"/> 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 present at scene of accident: No Yes
What was the student doing when injured? _____

IMMEDIATE ACTION TAKEN

9. 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 (required): Mother Father Other _____ When _____
By Whom: (Enter name) _____
11. Witnesses:
 1. Name _____ Address _____
 2. Name _____ Address _____

LOCATION

- | | | |
|--|--|---|
| <input type="checkbox"/> Apparatus (playground) | <input type="checkbox"/> Fences and walls | <input type="checkbox"/> School crossings (patrolled) |
| <input type="checkbox"/> Athletic field | <input type="checkbox"/> Field trips | <input type="checkbox"/> School ground |
| <input type="checkbox"/> Auditorium | <input type="checkbox"/> Gymnasium | <input type="checkbox"/> Shop (Name) |
| <input type="checkbox"/> Bus stop | <input type="checkbox"/> Laboratories | <input type="checkbox"/> Showers and dressing rooms |
| <input type="checkbox"/> Cafeteria | <input type="checkbox"/> Locker (room and/or corridor) | <input type="checkbox"/> Steps and stairways (inside) |
| <input type="checkbox"/> Classroom | <input type="checkbox"/> Playrooms | <input type="checkbox"/> Steps, stairways & walks (outside) |
| <input type="checkbox"/> Corridor | <input type="checkbox"/> Pool | <input type="checkbox"/> To & from bus stop |
| <input type="checkbox"/> Driver Education (behind wheel) | <input type="checkbox"/> School bus | <input type="checkbox"/> To & from school |
| | | <input type="checkbox"/> Toilet and washrooms |
| | | <input type="checkbox"/> Other (specify) |

PHYSICAL EDUCATION ACTIVITIES:

- | | | |
|--|---|---|
| <input type="checkbox"/> Apparatus | <input type="checkbox"/> Football | <input type="checkbox"/> Swimming |
| <input type="checkbox"/> Baseball-Softball | <input type="checkbox"/> Hockey (field) | <input type="checkbox"/> Track and Field events |
| <input type="checkbox"/> Basketball | <input type="checkbox"/> Soccer and soccer type games | <input type="checkbox"/> Volleyball and similar games |
| | | <input type="checkbox"/> Other organized games |

INTERSCHOLASTIC ATHLETICS:

- | | | |
|--|-------------------------------------|--|
| <input type="checkbox"/> Baseball-Softball | <input type="checkbox"/> Golf | <input type="checkbox"/> Tennis |
| <input type="checkbox"/> Basketball | <input type="checkbox"/> Volleyball | <input type="checkbox"/> Track & Field/Cross Country |
| <input type="checkbox"/> Football | <input type="checkbox"/> Swimming | <input type="checkbox"/> Wrestling |
| | <input type="checkbox"/> Soccer | <input type="checkbox"/> Other |

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 of student.

(use additional sheets if necessary)

SIGNED: Principal _____ Staff/Coach: _____