STUDENT ACCIDENT Report Form

Mercer Island School District #400

Instructions: Complete this Student Accident Report Form for all accidents occurring while student is under school supervision. Do not file a report for minor accidents, i.e., scratches, bruises.

Name ___________________________ Home Address ___________________________

School ___________________________ Sex _______ Age _______ Grade _______

Date of Accident ________________ Time ______________ Location _______________________

Accident Took Place (location) ___________________________

Nature of Injury (Body Part) ___________________________

______________________________

Describe Accident ___________________________

______________________________

Treatment of Injury ___________________________

______________________________

Person Notified _______________________ By Whom _______________________

Student's Supervisor ________________ Title _______________________

Witness 1. ___________________________ Grade Level _______

2. ___________________________ Grade Level _______

______________________________

Nurse/Trainer Signature ________________ Date _______________________

☐ PRINCIPAL: Check here for serious accident or injury and attach additional report.

For any serious accident or injury, an accident report must be completed as soon as possible by the staff member in charge of the student. The written report must include a description of the circumstances of the accident or injury and the procedures followed in handling it at school. In addition, the school principal or designee must interview students and/or staff who witnessed the event and send the interview notes to the district’s business office as an attachment to the Student Accident Report. A copy of the completed and signed Student Accident Report must be retained in the student’s health folder and 2 copies must be sent to the district’s business office.

Principal Signature _________________________ Date _______________________

Dir., Maintenance & Operations Signature _________________________ Date _______________________

Business Services/Risk Management Signature _________________________ Date _______________________

1st & 2nd Copies: Business Services 3rd Copy: Originator