



Valley School District No. 070

3030 Huffman Road • Valley, WA 99181 • Ph: (509) 937-2791 • Fax: (509) 937-2204 • www.valleysd.org

Student Accident Report

Staff should record information concerning any serious student accident occurring while the student is under the supervision of the school/district. Submit the original report to the attention of the school principal, and keep a copy for your records. The principal or designee will place a copy in the student health file, and provide one copy to the school Safety Committee and the district office.

Student Name _____ School _____ Age _____

Home Address _____ Sex M F

OVERVIEW OF INCIDENT

DATE OF ACCIDENT: _____ TIME: _____ A.M. _____ P.M.

PLACE: In School Building On School Grounds On School Bus Off Campus-Under School/District Jurisdiction

NATURE OF INJURY:

- | | |
|------------------------------------------------|--------------------------------------|
| <input type="checkbox"/> Abrasion | <input type="checkbox"/> Dislocation |
| <input type="checkbox"/> Amputation | <input type="checkbox"/> Fracture |
| <input type="checkbox"/> Asphyxiation | <input type="checkbox"/> Poisoning |
| <input type="checkbox"/> Blow/Impact | <input type="checkbox"/> Puncture |
| <input type="checkbox"/> Bruise (serious) | <input type="checkbox"/> Scald |
| <input type="checkbox"/> Burn (serious) | <input type="checkbox"/> Shock |
| <input type="checkbox"/> Concussion (possible) | <input type="checkbox"/> Sprain |
| <input type="checkbox"/> Cut (serious) | <input type="checkbox"/> Trauma |
- Other: _____

PART OF BODY INJURED:

- | | | | |
|----------------------------------|---------------------------------|-------------------------------|--------------------------------|
| <input type="checkbox"/> Abdomen | <input type="checkbox"/> Ear | <input type="checkbox"/> Foot | <input type="checkbox"/> Mouth |
| <input type="checkbox"/> Ankle | <input type="checkbox"/> Elbow | <input type="checkbox"/> Hand | <input type="checkbox"/> Nose |
| <input type="checkbox"/> Arm | <input type="checkbox"/> Eye | <input type="checkbox"/> Head | <input type="checkbox"/> Scalp |
| <input type="checkbox"/> Back | <input type="checkbox"/> Face | <input type="checkbox"/> Knee | <input type="checkbox"/> Teeth |
| <input type="checkbox"/> Chest | <input type="checkbox"/> Finger | <input type="checkbox"/> Leg | <input type="checkbox"/> Wrist |

Other: _____

DEGREE OF INJURY (describe): _____

PERSON IN CHARGE WHEN ACCIDENT OCCURRED: Name/Title _____

Present at scene? Yes No Describe supervisor's location: _____

What was the student doing when injured? _____

IMMEDIATE ACTION TAKEN: (check/describe all that apply)

First Aid Treatment: _____

At scene. By: _____ Time: _____

Sent to School Nurse/Health Room. _____ Time: _____

Sent home. Picked up by: _____ Time: _____

Sent for further medical care. Picked up by: _____ Time: _____

Called 911/EMS. Time called: _____ Time EMS arrived: _____

Transported to hospital (name): _____ Time: _____

(Student Accident Report, continued)

PARENT/GUARDIAN NOTIFICATION: (check all that apply)

- Mother Father Authorized Guardian Phone Letter/Report*

By: _____ Date/Time: _____

**In cases of head injury, staff should also complete Form #3418F2-Head Injury Report and send to parent/guardian along with information about concussion.*

WITNESSES OF ACCIDENT:

Name: _____ Name: _____

Address/phone: _____ Address/Phone: _____

DETAILED DESCRIPTION OF ACCIDENT:

Describe the accident in sufficient detail to show conditions existing at the time of occurrence. If unsafe acts or conditions are noted and exist, steps should be taken immediately to remedy the unsafe conditions.

DETAILS ABOUT LOCATION/ACTIVITIES DURING ACCIDENT: (check all that apply)

- | | | | | |
|-----------------------------------------|-------------------------------------|----------------------------------------------|------------------------------------------|----------------------------------------|
| <input type="checkbox"/> Athletic field | <input type="checkbox"/> Fence/wall | <input type="checkbox"/> Lockers/Locker Room | <input type="checkbox"/> School crossing | <input type="checkbox"/> Stairs In/Out |
| <input type="checkbox"/> Bus stop | <input type="checkbox"/> Field trip | <input type="checkbox"/> Multi-Purpose Area | <input type="checkbox"/> School grounds | <input type="checkbox"/> Walkways |
| <input type="checkbox"/> Cafeteria | <input type="checkbox"/> Gym | <input type="checkbox"/> Playroom | <input type="checkbox"/> Shop | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Classroom | <input type="checkbox"/> Kitchen | <input type="checkbox"/> Playground | <input type="checkbox"/> Shower Room | |
| <input type="checkbox"/> Corridor/Entry | <input type="checkbox"/> Lavatory | <input type="checkbox"/> School Bus | <input type="checkbox"/> Stage | |

P.E./Sports activities:

- | | | | | |
|--------------------------------------------|---------------------------------------|----------------------------------------|---------------------------------------------|-------------------------------------|
| <input type="checkbox"/> Archery | <input type="checkbox"/> Exercises | <input type="checkbox"/> Gymnastics | <input type="checkbox"/> Running | <input type="checkbox"/> Volleyball |
| <input type="checkbox"/> Baseball/softball | <input type="checkbox"/> Field hockey | <input type="checkbox"/> Misc. Games | <input type="checkbox"/> Soccer/ball games | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Basketball | <input type="checkbox"/> Football | <input type="checkbox"/> Racquet games | <input type="checkbox"/> Track/Field events | |

Other school-related activities:

SIGNATURES:

Staff Name / Signature *Date*

Principal Name / Signature *Date*

Completed accident reports should be filed and/or archived for reference until school administrators determine that no civil action may be taken by the parents, guardians or student.