

STUDENT ACCIDENT REPORT

Washington State School for the Blind

STUDENT INFORMATION

Student's Full Name: _____ Age: _____ Grade: _____

INJURY INFORMATION

Date of Injury: _____ Time: _____

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 and title) 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: _____

Report by Nurse: _____

Sent to Doctor: Yes ___ No ___ By Whom: _____ Doctor: _____

Sent to Hospital: Yes ___ No ___ By Whom: _____ Doctor: _____

Hospital Address: _____

Was parent/guardian or other individual notified? Yes ___ No ___ Who? _____ Relationship: _____

How Notified: _____ Date: _____ Time: _____

FOLLOW-UP

Status of Student after Incident: _____

Problem Corrected: Yes ___ No ___ Specific Actions Taken to Prevent Future Accidents: _____

Person Observing or Reporting Accident Date

Nurse Date