



# 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 \_\_\_\_\_