

NORTH SANTIAM SCHOOL DISTRICT 29J ACCIDENT/INJURY REPORT FORM

The purpose of the Accident/Report Form is to document the situation. The more timely and accurate the report, the better the District can respond to correct or reduce situations that may contribute to accidents or injuries. Also, the information within this report can be used to defend the District and its staff.

INSTRUCTIONS:

1. All accidents are to be reported by the person on duty or the witness to the incident ASAP.
2. Send completed accident report to the office manager as soon as possible.

School Reporting accident/injury: _____ Date: _____

Name of person involved in accident/injury: _____

If student, name of parents: _____

Address: _____

Phone: Home _____ Work _____ Age of student _____

Location where accident occurred: _____

Time of accident: month ____ day ____ year ____ hour ____

Teacher/coach on duty: _____ Describe accident: _____

*if blood was involved, were blood borne pathogen procedures used? yes ____ no ____

Describe injury: _____

Others persons involved: _____

Statement of injured party: _____

Were parents notified: _____ Time: _____ by whom? _____

How were parents notified: phone _____ in person _____ letter _____

Was injured party taken to hospital/doctor? _____ Who transported? _____

Describe any first aid given: _____

Please list any witness to accident/injury:

Witness	Address	Phone
_____	_____	_____
_____	_____	_____

**NORTH SANTIAM SCHOOL DISTRICT 29J
PARENT ACCIDENT/INJURY REPORT FORM**

Section 1 Instructions: (To be completed by School district)

Complete information and send home to parent to fill in bottom portion and return.

Child's Name: _____

Date of Accident: _____ Time: _____

Location (where, on what equipment, etc.)

Describe accident (how, where, on what, distance etc.)

Describe Injury (body location, symptoms, size, severity, etc.)

Section 2 Instructions: (To be filled out by Parent)

Please fill in the section below and return to the school within 24 hrs.

Did you take your child to the Doctor? _____

Doctor's Name: _____

Phone: _____

Doctor's Diagnosis: _____

Are there any restrictions for your child? _____

For how long? _____

Please list any additional information: _____
