



# STUDENT ACCIDENT REPORT

## WAKULLA COUNTY SCHOOL BOARD

### Risk Management

THIS FORM IS TO BE COMPLETED BY THE APPROPRIATE EMPLOYEE(S) AS SOON AS POSSIBLE AFTER AN ACCIDENT

District Name: \_\_\_\_\_ School Name: \_\_\_\_\_

Address: \_\_\_\_\_ Principal's Name: \_\_\_\_\_

School Phone: ( ) \_\_\_\_\_ Date of Accident: \_\_\_\_\_ Time: \_\_\_\_\_ AM  PM

Supervising Teacher or Employee: \_\_\_\_\_

Student's Name: .....  
Last Name First Name Middle Name

Student's Address: \_\_\_\_\_  
Street City State Zip Code

Home Phone Number: ( ) \_\_\_\_\_

Student's Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex:  Male  Female Grade Level: \_\_\_\_\_

Parent's Name (of student): \_\_\_\_\_ Work Phone Number: ( ) \_\_\_\_\_

NATURE OF INJURY	PLACE OF ACCIDENT	BODY PART INJURED
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CHECK ONE OR MORE

- Scratch       Concussion
- Fracture       Head Injury
- Bruise       Sprain
- Strain       Burn
- Puncture       Abrasion
- Dislocation       Bite
- Laceration
- Other: \_\_\_\_\_

CHECK ONE OR MORE

- Classroom       Gymnasium
- Hallway       Parking Lot
- Bathroom       Sidewalk
- Cafeteria       Stairs
- Playground       Athletic Field
- School Bus       To/From School
- Vocational Shop or Lab
- Other: \_\_\_\_\_

CHECK ONE OR MORE

- Ankle       Foot       Leg
- Arm       Face       Nose
- Back       Finger (s)       Teeth
- Neck       Hand       Wrist
- Eye       Knee       Shoulder
- Chest       Hip       Toes
- Left Side       Right Side
- Other: \_\_\_\_\_

KIND OF ACCIDENT	ENVIRONMENTAL FACTORS	HUMAN FACTORS
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- Animal bite or insect bite
- Collision with student
- Contact with hot or toxic substance
- Fall or slip
- Struck by student/auto/bike etc.
- Collision with object
- Other: \_\_\_\_\_

- Crowding       Doors
- Equipment       Lighting
- Hard Surface       No Handrails
- Floors       Wet/Sandy
- Chair       Ladders
- Weather       Carpeting/Rugs
- Safety Guard Removed
- Other: \_\_\_\_\_

- Active game       Fatigue
- Horseplay       Fighting
- Preoccupation       Running
- Lack of training or experience
- Workplace safety violation
- No personal protective equipment
- Other: \_\_\_\_\_

Were efforts made to contact the parent/guardian about the accident?  Yes  No Time: \_\_\_\_\_

Was First Aid administered?  Yes  No

Were photos taken of injury and accident site?  Yes  No Who has Photos? \_\_\_\_\_

Was the student sent:  Back to Class  Home  Physician  Hospital

By whom (Name): \_\_\_\_\_

Witnesses (Name, Address, Phone): \_\_\_\_\_

IF MEDICAL OR HOSPITAL TREATMENT WAS REQUIRED, PLEASE COMPLETE THE FOLLOWING:

Name and address of doctor or hospital:

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**ACTION TAKEN TO PREVENT SIMILAR ACCIDENT**

Check one or more

INSTRUCTIONAL:

Discussed at staff meeting Date: \_\_\_\_\_  Discussed in each class as part of regular instruction Date: \_\_\_\_\_

Discussed with parents Date: \_\_\_\_\_  Personal instruction given to person in charge Date: \_\_\_\_\_

Presented as a subject of assembly program Date: \_\_\_\_\_

POLICY OR CORRECTIVE ACTION:

Environment changes affected. Date: \_\_\_\_\_  Notified school safety committee. Date: \_\_\_\_\_

Safety rules amended to prevent recurrence. Date: \_\_\_\_\_  Supervision (training) Date: \_\_\_\_\_

District Safety Specialist and/or Facilities/Maintenance Ex Director invited to school to assist in safety program. Date: \_\_\_\_\_

OTHER:

No action taken, why:

Describe accident and injury in detail:

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SIGNATURE OF TEACHER

SIGNATURE OF PRINCIPAL

**Return completed form to:** Safety and Risk Coordinator, Wakulla County School District  
Call the District Office Immediately If Accident Is Serious: 850.926.0065