

PLEASE PRINT FIRMLY

Submit to  
Financial Services Office

# Tumwater School District Student Accident Report

1. Name \_\_\_\_\_ Phone \_\_\_\_\_

Home Address \_\_\_\_\_

2. Sex: M  F  Age \_\_\_\_\_ Grade \_\_\_\_\_ Teacher \_\_\_\_\_ Phone \_\_\_\_\_

3. School District \_\_\_\_\_ Building Name \_\_\_\_\_

4. Date of Accident \_\_\_\_\_ Time of Accident \_\_\_\_\_ Date Form Completed \_\_\_\_\_

5. Place of Accident: School Building  School Grounds  School Bus  Off Premises   
Under School Jurisdiction  Not Under School Jurisdiction

6. Activity: Physical Education  Interscholastic Activity  Unorganized Activity  Other

7. What was the student doing when injured? \_\_\_\_\_

8. Describe how the incident happened. In completing this portion, please describe in sufficient detail how accident occurred. Use additional sheets if necessary. Report the facts of the incident.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. What part of body was injured? \_\_\_\_\_

10. Describe injury \_\_\_\_\_

11. Witnesses: 1. Name \_\_\_\_\_ If a student, name of teacher \_\_\_\_\_  
2. Name \_\_\_\_\_  
(Provide phone number and/or address if not a student or staff member.)

12. Teacher or person in charge when accident occurred (Enter name and title) \_\_\_\_\_

13. Did s(he) witness the incident? Yes \_\_\_\_\_ No \_\_\_\_\_

14. Number of Days Absent from School \_\_\_\_\_

15. Was first-aid Administered? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_

16. What was done? \_\_\_\_\_

17. By whom? \_\_\_\_\_ Title \_\_\_\_\_

18. Sent Home? Yes \_\_\_\_\_ No \_\_\_\_\_ Student insurance Applies? Yes \_\_\_\_\_ No \_\_\_\_\_

19. Sent to physician? Yes \_\_\_\_\_ No \_\_\_\_\_ Name of Physician \_\_\_\_\_

20. Sent to Hospital? Yes \_\_\_\_\_ No \_\_\_\_\_ Name of Hospital \_\_\_\_\_

21. Person notified: Mother \_\_\_\_\_ Father \_\_\_\_\_ Other \_\_\_\_\_ By Whom \_\_\_\_\_ Time Notified \_\_\_\_\_  
Name of Person Notified: \_\_\_\_\_ Address: \_\_\_\_\_ Daytime Phone \_\_\_\_\_

SUPERINTENDENT OR DESIGNEE \_\_\_\_\_ Phone \_\_\_\_\_

PRINCIPAL \_\_\_\_\_ (SIGNATURE) \_\_\_\_\_ Phone \_\_\_\_\_

Name of Person Completing This Form \_\_\_\_\_ Title \_\_\_\_\_ Phone \_\_\_\_\_

District/Administration Use Only
