

STUDENT INCIDENT REPORT
WASHINGTON SCHOOLS · RISK MANAGEMENT POOL
P.O. Box 66838 – Seattle, WA 98166-0838

Describe the incident in sufficient detail to show the conditions that existed at the time of the incident. Any unsafe acts or conditions should be corrected immediately. Retain all completed reports to the extent required by law.

School District: _____

School: _____

Student Name: _____ Sex: _____ Age: _____ Grade: _____
 First Middle Last

Date of Birth: _____ Phone: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Date of Accident: _____ Time: _____ # School Days Lost: _____

Location: Bldg Grnds To/From Off Premises Other: _____

Description: _____

Nature of Injury? _____

Part of Body Injured: _____

Person in charge when accident occurred: _____ Present at scene? _____

Immediate Action Taken: _____

First Aid Given By: _____ Describe Aid: _____

Sent to School Nurse Sent Home 911 Called Sent to Hosp/Doctor

Person Notified: Mother Father Other _____ Phone # _____

When Notified? _____ By Whom? _____

Parental Insurance: _____

1) Witness Name: _____ Address: _____

2) Witness Name: _____ Address: _____

Person Prepared Report: _____ Title: _____

Signature: _____ Date: _____