Student Accident Report

Send to Risk Management: bps.riskmanagement@bellinghamschools.org

Student Name: _____ **Date:** _____

School: _____ **Grade:** _____

Name of Teacher/Coach In Charge When Accident Occurred: _____

Teacher/Coach Present at Scene of Accident? ☐ Yes ☐ No **Time of Accident:** _____ A.M.

Witness Name: _____ **Witness Name:** _____

Parent or Other Individual Notified?: ☐ Yes ☐ No **Time:** _____ **Via** (phone,text)**:** _____

Name of Individual Notified: _____ **Notified by:** _____

Immediate Action Taken:

☐ First-Aid Treatment by: _____ ☐ Head Injury Form Provided by: _____

☐ Sent to School Nurse by: _____ ☐ Sent Home by: _____

☐ Ambulance Called by: _____ ☐ Sent to Hospital/Physician by: _____

☐ Other: _____

Place of Accident: ☐ School Building ☐ School Grounds ☐ Other: _____

Location of Accident: ☐ Athletic Field ☐ Auditorium ☐ Classroom ☐ Gymnasium
☐ Hallway ☐ Locker Room ☐ Playground ☐ Restroom
☐ Other/Specifics: _____

Part of Body Injured: ☐ Arm/Elbow ☐ Back ☐ Eye ☐ Finger ☐ Foot/Ankle
Select One: ☐ Hand ☐ Head/Face ☐ Leg/Knee ☐ Nose ☐ Tooth
Right ☐ Wrist ☐ Other: _____

Nature of Injury: ☐ Bruise ☐ Burn ☐ Cut/Scrape ☐ Head Injury/Concussion
☐ Faint ☐ Human Bite ☐ Nosebleed ☐ Sprain/Fracture ☐ Puncture
☐ Other: _____

Description of Accident (how it happened, what they were doing, specify tools/equipment, other students involved, helpful/pertinent information, etc.):

Principal Signature: _____ Date: _____