STUDENT ACCIDENT Report Form

Mercer Island School District #400

Instructions: Complete this Student Accident Report Form for all accidents occurring while student is under school supervision. Do not file a report for minor accidents, i.e., scratches, bruises.
If using the online form, download to the computer first. After completion, print three copies: two for Business Services, and one for your records.

Name: _____ Address: _____

School: _____ Sex: _____ Age: _____ Grade: _____

Date of accident: _____ Time: _____

Accident took place (location): _____

Nature of injury (body part):

Describe accident:

Treatment of injury:

Parent/guardian notified: _____ By Whom: _____

Student's supervisor: _____ Title: _____

Witness: 1. _____ Grade level: _____

2. _____ Grade level: _____

Nurse/Trainer signature: _____ Date: _____

☐ **PRINCIPAL: Check box at left for serious accident or injury and attach additional report.**

For any serious accident or injury, an accident report must be completed as soon as possible by the staff member in charge of the student. The written report must include a description of the circumstances of the accident or injury and the procedures followed in handling it at school. In addition, the school principal or designee must interview students and/or staff who witnessed the event and send the interview notes to the district's business office as an attachment to the Student Accident Report. A copy of the completed and signed Student Accident Report must be retained in the student's health folder and 2 copies must be sent to the district's business office.

_____ _____
Principal signature ***Date***

_____ _____
Director, Maintenance & Operations signature *Date*

_____ _____
Business Services/Risk Management signature *Date*

1st & 2nd Copies: Business Services 3rd Copy: Originator