San Juan Island School District #149

STUDENT *REPORT for ACCIDENTS / INCIDENTS*

Describe the accident in sufficient detail to show the conditions that existed at the time of the accident. Any unsafe acts or conditions should be noted.

***** Please file in school office *****

Person Involved

Student Name: _____

Gender: _____ Age: _____ Grade: _____ Phone: _____

Home address: _____

Accident / Incident Details

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

Check location: _____ in bldg _____grounds _____to/from school _____off campus

Specific location of Accident / Incident: _____

Description of Accident / Incident: _____

_____

_____

Nature of injury, include specific area of body: _____

_____

_____

Damage to property: _____

_____

_____

Note any existing unsafe acts or conditions: _____

_____

_____

_____

(over)

Witnesses

Witness Name _____ Address _____ Phone _____

Witness Name _____ Address _____ Phone _____

Witness Name _____ Address _____ Phone _____

Supervision

Supervising staff when Accident / Incident occurred: Name: _____

Present at scene? (yes/no): ____ Title: _____

Additional notes: _____

_____

_____

Action / Response

Immediate action taken: _____

First Aid given by: _____

Describe Aid: _____

Check action: Sent to office ___ Sent home___ 911 called___ Sent to Dr. / hospital___

Notification

Check family member/guardian notified: Mother_____ Father_____ Guardian_____

Other (include description of relationship)_____

Contact phone number: _____ Responded to scene? (yes/no) _____

When notified? _____ By whom? _____

Insurance: _____

Person preparing report: _____ Title: _____

Signature: _____ Date: _____

Please FAX immediately to the District Office, 378-6276.