

Standard Student Accident Report Form

1. Student Name: _____ Home Address: _____
2. School: Lind-Ritzville High School Sex: M F Age: _____ Grade or Classification _____
3. Time accident occurred: _____ A.M. _____ P.M. Date accident occurred: _____
4. Place of Accident: School Building School Grounds To or from School Home Elsewhere

5.	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> <table style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%;">Abrasion _____</td><td style="width: 50%;">Fracture _____</td></tr> <tr><td>Amputation _____</td><td>Laceration _____</td></tr> <tr><td>Bruise _____</td><td>Puncture _____</td></tr> <tr><td>Burn _____</td><td>Scratches _____</td></tr> <tr><td>Concussion _____</td><td>Sprain _____</td></tr> <tr><td>Cut _____</td><td></td></tr> <tr><td>Other (specify) _____</td><td></td></tr> </table> </td> <td style="width: 50%; vertical-align: top;"> <table style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%;">Ankle _____</td><td style="width: 50%;">Hand _____</td></tr> <tr><td>Arm _____</td><td>Head _____</td></tr> <tr><td>Back _____</td><td>Knee _____</td></tr> <tr><td>Elbow _____</td><td>Leg _____</td></tr> <tr><td>Eye _____</td><td>Nose _____</td></tr> <tr><td>Face _____</td><td>Scalp _____</td></tr> <tr><td>Finger _____</td><td>Tooth _____</td></tr> <tr><td>Foot _____</td><td>Wrist _____</td></tr> <tr><td>Other (specify) _____</td><td></td></tr> </table> </td> </tr> </table>	<table style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%;">Abrasion _____</td><td style="width: 50%;">Fracture _____</td></tr> <tr><td>Amputation _____</td><td>Laceration _____</td></tr> <tr><td>Bruise _____</td><td>Puncture _____</td></tr> <tr><td>Burn _____</td><td>Scratches _____</td></tr> <tr><td>Concussion _____</td><td>Sprain _____</td></tr> <tr><td>Cut _____</td><td></td></tr> <tr><td>Other (specify) _____</td><td></td></tr> </table>	Abrasion _____	Fracture _____	Amputation _____	Laceration _____	Bruise _____	Puncture _____	Burn _____	Scratches _____	Concussion _____	Sprain _____	Cut _____		Other (specify) _____		<table style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%;">Ankle _____</td><td style="width: 50%;">Hand _____</td></tr> <tr><td>Arm _____</td><td>Head _____</td></tr> <tr><td>Back _____</td><td>Knee _____</td></tr> <tr><td>Elbow _____</td><td>Leg _____</td></tr> <tr><td>Eye _____</td><td>Nose _____</td></tr> <tr><td>Face _____</td><td>Scalp _____</td></tr> <tr><td>Finger _____</td><td>Tooth _____</td></tr> <tr><td>Foot _____</td><td>Wrist _____</td></tr> <tr><td>Other (specify) _____</td><td></td></tr> </table>	Ankle _____	Hand _____	Arm _____	Head _____	Back _____	Knee _____	Elbow _____	Leg _____	Eye _____	Nose _____	Face _____	Scalp _____	Finger _____	Tooth _____	Foot _____	Wrist _____	Other (specify) _____		<p style="text-align: center;">Description of the Accident</p> <p>How did accident happen? What was student doing? Where was student? List specifically unsafe acts and unsafe conditions existing. Specify any tool, machine or equipment involved.</p>
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6. Degree of Injury: Death Permanent Impairment Other Concussion

Part B. Additional Information School Jurisdiction Accidents

7. Is accident covered by insurance? Yes No What company _____
8. Teacher in charge when accident occurred (Enter name): _____
Present at scene of accident: No Yes

9.	IMMEDIATE ACTION TAKEN	<table style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%;">First-aid treatment _____</td><td style="width: 50%;">By (Name): _____</td></tr> <tr><td>Sent to school nurse _____</td><td>By (Name): _____</td></tr> <tr><td>Sent home _____</td><td>By (Name): _____</td></tr> <tr><td>Sent to physician _____</td><td>By (Name): _____</td></tr> <tr><td></td><td>Physician's Name: _____</td></tr> <tr><td>Sent to hospital _____</td><td>By (Name): _____</td></tr> <tr><td></td><td>Name of hospital: _____</td></tr> </table>	First-aid treatment _____	By (Name): _____	Sent to school nurse _____	By (Name): _____	Sent home _____	By (Name): _____	Sent to physician _____	By (Name): _____		Physician's Name: _____	Sent to hospital _____	By (Name): _____		Name of hospital: _____
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10. Was a parent or other individual notified? No Yes When: _____ How: _____
Name of individual notified: _____
By whom? (Enter name): _____

11.	Specify Activity	Remarks																										
LOCATION	<table style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%;">Athletic field _____</td><td style="width: 50%;">_____</td></tr> <tr><td>Auditorium _____</td><td>_____</td></tr> <tr><td>Classroom _____</td><td>_____</td></tr> <tr><td>Corridor _____</td><td>_____</td></tr> <tr><td>Dressing room _____</td><td>_____</td></tr> <tr><td>Gymnasium _____</td><td>_____</td></tr> <tr><td>Home Econ. _____</td><td>_____</td></tr> <tr><td>Laboratories _____</td><td>_____</td></tr> <tr><td>Sch. grounds _____</td><td>_____</td></tr> <tr><td>_____ shop _____</td><td>_____</td></tr> <tr><td>Showers _____</td><td>_____</td></tr> <tr><td>Stairs _____</td><td>_____</td></tr> <tr><td>Other _____</td><td>_____</td></tr> </table>	Athletic field _____	_____	Auditorium _____	_____	Classroom _____	_____	Corridor _____	_____	Dressing room _____	_____	Gymnasium _____	_____	Home Econ. _____	_____	Laboratories _____	_____	Sch. grounds _____	_____	_____ shop _____	_____	Showers _____	_____	Stairs _____	_____	Other _____	_____	<p>What recommendations do you have for preventing other accidents of this type?</p>
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Signed: Principal: _____ Date: _____ Teacher: _____