



Student Accident Report

March 2020

DAVENPORT SCHOOL DISTRICT #207
Davenport, Washington 99122

INSTRUCTIONS FOR COMPLETING THE STUDENT ACCIDENT REPORT FORM

Complete all of the questions and the authorization section. Examples of reportable accidents are: All injuries to the head, eye, neck or spine, any bone or joint injury that results in swelling; any puncture wound, burn or laceration that looks as though it may require sutures, ingestion of any drug, chemical, or foreign materials, or any animal bite.

PART A: ACCIDENT INFORMATION

Injured _____ Birth Date ____/____/____
Last First MI

Home Address _____
Street City State ZIP Code

School Name _____ School Number _____ Grade _____ Age _____

Home Phone _____ - _____ - _____ Cell Phone _____ - _____ - _____ Student ID # _____

Date of accident ____/____/____ Time of accident ____:____ a.m. p.m.

Date accident reported ____/____/____ Type of activity _____

Specific activity _____ Location of accident _____

Describe accident _____

Was an adult at scene of accident? No Yes Name of Individual _____

PART B: INJURY INFORMATION

Nature of injury _____ Part(s) of body _____, _____, _____

Immediate Action Taken _____

First aid Yes No By Whom _____

Sent to health room Yes No By Whom _____

Sent to doctor Yes No By Whom _____

Doctor's name _____

Sent back to class Yes No By Whom _____

Sent to hospital Yes No By Whom _____

Name of hospital _____

Notified Parent/Guardian or Neighbor Yes No By Whom _____

How notified _____

If Yes, Date Notified ____/____/____ Time Notified ____:____ a.m. p.m.

Total number of days lost from school _____ Student has accident insurance Yes No

PART C: AUTHORIZATION

Signature, Principal _____ Date ____/____/____