

Walla Walla Public Schools  
**STUDENT ACCIDENT REPORT**

Use the STUDENT ACCIDENT REPORT form to report each serious student accident coming under the jurisdiction of the school's authority. When completed, send this original form to the Executive Director, Business Services and retain a copy in the office for future reference for the school's protection in case litigation may result from the accident at some future date. Minor accidents such as scratches, bruises, etc., need not necessarily be reported.

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1. Name \_\_\_\_\_ Home Address \_\_\_\_\_
2. School \_\_\_\_\_ Sex  M  F Age \_\_\_\_\_ Grade \_\_\_\_\_
3. Time accident occurred: Hour \_\_\_\_\_ a.m. \_\_\_\_\_ p.m. Date \_\_\_\_\_
4. Place of accident:  School building  School grounds  School bus  
 Off school premises and under school jurisdiction
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5. NATURE OF INJURY

PART OF BODY INJURED

- |   |   |                                  |                                 |                                |
|---|---|----------------------------------|---------------------------------|--------------------------------|
| Abrasion <input type="checkbox"/>         | Dislocation <input type="checkbox"/>    | Abdomen <input type="checkbox"/> | Face <input type="checkbox"/>   | Nose <input type="checkbox"/>  |
| Amputation <input type="checkbox"/>       | Fracture <input type="checkbox"/>       | Ankle <input type="checkbox"/>   | Finger <input type="checkbox"/> | Scalp <input type="checkbox"/> |
| Asphyxiation <input type="checkbox"/>     | Poisoning <input type="checkbox"/>      | Arm <input type="checkbox"/>     | Foot <input type="checkbox"/>   | Tooth <input type="checkbox"/> |
| Bruise (Serious) <input type="checkbox"/> | Puncture <input type="checkbox"/>       | Back <input type="checkbox"/>    | Hand <input type="checkbox"/>   | Wrist <input type="checkbox"/> |
| Burn (Serious) <input type="checkbox"/>   | Scalds <input type="checkbox"/>         | Chest <input type="checkbox"/>   | Head <input type="checkbox"/>   |                                |
| Concussion <input type="checkbox"/>       | Shock (elect.) <input type="checkbox"/> | Ear <input type="checkbox"/>     | Knee <input type="checkbox"/>   |                                |
| Cut (Serious) <input type="checkbox"/>    | Sprain <input type="checkbox"/>         | Elbow <input type="checkbox"/>   | Leg <input type="checkbox"/>    |                                |
| Other (Specify) _____                     |   | Eye <input type="checkbox"/>     | Mouth <input type="checkbox"/>  |                                |
|   |   | Other (Specify) _____            |                                 |                                |
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6. Degree of Injury \_\_\_\_\_
7. Total number of days lost from school \_\_\_\_\_
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8. Person in charge when accident occurred (Name and Title) \_\_\_\_\_
- Was he/she present at scene of accident?  No  Yes
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9. IMMEDIATE ACTION TAKEN

- First-aid treatment \_\_\_\_\_
- Sent to school nurse \_\_\_\_\_
- Sent home \_\_\_\_\_
- Physician's Name \_\_\_\_\_
- Sent to hospital  No  Yes Name of hospital \_\_\_\_\_

10. When further explanation will clarify accident, please write details on other side.

11. Person notified  Mother  Father  Other \_\_\_\_\_ When? \_\_\_\_\_

By whom? (Name/Title) \_\_\_\_\_

Witness 1. \_\_\_\_\_ Address \_\_\_\_\_

Witness 2. \_\_\_\_\_ Address \_\_\_\_\_

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## 12. LOCATION

Athletic Field	<input type="checkbox"/>	Fences & Walls	<input type="checkbox"/>	School Grounds	<input type="checkbox"/>
To & From School	<input type="checkbox"/>	Bus Stop	<input type="checkbox"/>	Restrooms	<input type="checkbox"/>
Cafeteria	<input type="checkbox"/>	Gymnasium	<input type="checkbox"/>	Classroom	<input type="checkbox"/>
Corridor	<input type="checkbox"/>	Lockers	<input type="checkbox"/>	Laboratories	<input type="checkbox"/>
Field Trip	<input type="checkbox"/>	Drivers Ed	<input type="checkbox"/>	School Bus	<input type="checkbox"/>
Steps & Stairs	<input type="checkbox"/>	Shop (Name)	<input type="checkbox"/>	Other	_____
Showers/Dressing Rooms	<input type="checkbox"/>				

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## 13. PHYSICAL EDUCATION ACTIVITIES

Apparatus	<input type="checkbox"/>	Football	<input type="checkbox"/>	Basketball	<input type="checkbox"/> _____
Soccer	<input type="checkbox"/>	Volleyball	<input type="checkbox"/>	Baseball/Softball	<input type="checkbox"/> _____
Hockey	<input type="checkbox"/>	Track & Field	<input type="checkbox"/>	Other	_____

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## 14. INTERSCHOLASTIC ACTIVITIES

Baseball	<input type="checkbox"/>	Golf	<input type="checkbox"/>	Wrestling	<input type="checkbox"/>
Basketball	<input type="checkbox"/>	Volleyball	<input type="checkbox"/>	Softball	<input type="checkbox"/>
Track & Field	<input type="checkbox"/>	Tennis	<input type="checkbox"/>	Cross Country	<input type="checkbox"/>
Football	<input type="checkbox"/>	Soccer	<input type="checkbox"/>	Other	_____

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## 15. DETAILED DESCRIPTION OF THE ACCIDENT

In completing this accident report, it is essential that the accident be described in sufficient detail to show conditions existing when the accident occurred.

If unsafe acts or conditions are noted, steps should be taken immediately for their correction.

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Signed by staff or supervisor \_\_\_\_\_

Date

*-All completed accident report forms should be filed for further reference until it is determined by the school authorities that no civil action may be taken by the parents or students.*

*-Send original to the Executive Director, Business Services and retain a copy for the building's file.*