



St. David Unified School District
Collaboration 🐾 Positivity 🐾 Preparedness

STUDENT ACCIDENT REPORT

School _____ Date of Report _____

Name _____ Sex: Male Female Grade _____

Age _____ Home Address _____

Phone _____ Teacher _____

Time of accident: Hour _____ a.m. p.m. Date _____

Place of accident: School building School grounds To or from school
 Interscholastic athletics

Witness name _____ Address _____

Description of Accident

How did the accident happen? What did the student state? (Use quotes.) Where was the student? Describe first aid given:

 Signature of person reporting

Was the parent or other individual notified? No Yes When? _____

Name of individual notified _____ How? _____

By whom? _____

First aid treatment _____ By whom? _____

Called 911; Sent to: Home Physician Class _____ Hospital

How was student transported? _____

District office notified. Time _____ By whom? _____

Location of accident: Athletic field Playground Classroom Corridor Cafeteria Dressing room
 Gymnasium Home ec. Bus Science lab Rest room School grounds
 Shop Showers Stairs Bus stop Other: _____

Follow ups: _____

Total number of days absent: _____

Nature of injury: Abrasion Amputation Animal bite Avulsed tooth Fracture Human bite
 Laceration Puncture Scratches Sprain Strain Other: _____

Part of body injured: Ankle Arm Back Clavicle Elbow Eye Face Finger Foot Hand
 Head Knee Leg Nose Scalp Toe Tooth Wrist Other: _____

Principal signature

Date

H/A or Nurse signature

Date