



STUDENT ACCIDENT Report Form

Mercer Island School District #400

Instructions: Complete this Student Accident Report Form for all accidents occurring while student is under school supervision. Do not file a report for minor accidents, i.e., scratches, bruises.

Name _____ Home Address _____

School _____ Sex _____ Age _____ Grade _____ Home Room _____

Date of Accident _____ Time _____ Location _____

Accident Took Place (location) _____

Nature of Injury _____

Part of Body Injured _____

Describe Accident _____

Treatment of Injury _____

Person Notified _____ By Whom _____

Person on Duty _____

Witness 1. _____ Home Room _____

2. _____ Home Room _____

Signatures _____

(Person on duty) _____ Date _____

(Principal) _____ Date _____

(Director of Maintenance & Operations) _____ Date _____

(Associate Superintendent of Business Services) _____ Date _____

1st & 2nd Copies: Business Services

3rd Copy: Originator