

BERING STRAIT SCHOOL DISTRICT
P. O. BOX 225
UNALAKLEET, ALASKA 99684

STANDARD STUDENT ACCIDENT REPORT FORM

SEND COPY TO DISTRICT OFFICE ON THE DAY OF THE ACCIDENT. ALSO REPORT SERIOUS ACCIDENTS **IMMEDIATELY** BY PHONE.

1. Name of Student _____
2. School _____ 3. Sex Male _____ Female _____ 4. Age _____
5. Grade/Special Program _____
6. Time Accident Occurred:
Date: _____ Day of Week: _____ Exact Time: _____ AM
_____ PM
7. Nature of Injury _____
8. Part of Body Injured _____
9. Brief Statement Describing Seriousness of Injury _____

10. Location of Accident (Be Specific) _____

11. Was Student under teacher/adult supervision at time of accident? Yes ___ No ___
12. Name of Teacher/Supervisor/Adult _____
13. Did Supervisor see accident? Yes _____ No _____
14. a. Description of accident by Teacher/Supervisor/Adult _____

b. Description of accident by injured student/person _____

c. Description of accident by witness to accident. Name: _____

STUDENT ACCIDENT REPORT FORM

PAGE 2

15. Describe First Aide Treatment given: _____

16. Was additional medical attention necessary? _____

Describe: _____

17. Parent notified of injury? Yes . No ____ Date _____ Time _____

18. **Signed** _____ Date _____

Witness/Person Reporting Accident

19. **Signed** _____ Date _____

Unit Administrator

Original: School File

Copy: District Office