

CASHMERE SCHOOL DISTRICT

Student Accident and Injury Report Form

Instructions for completion of form:

Any employee who witnesses an accident or injury must complete this form within 24 hours. Forward copies of completed form within 3 days to:  
the Nurse, Principal and the District Office.

Name of Injured: \_\_\_\_\_ DOB \_\_\_\_\_ Grade \_\_\_\_\_ Teacher \_\_\_\_\_

Date of accident/injury: \_\_\_\_\_ Time of day: \_\_\_\_\_ am/pm \_\_\_\_\_ Place where incident occurred: \_\_\_\_\_

Staff supervising: \_\_\_\_\_ Witness(s) \_\_\_\_\_

Description of the event: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Body part injured: \_\_\_\_\_  
\_\_\_\_\_

Describe First Aid treatment: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

First Aid performed by: \_\_\_\_\_ / \_\_\_\_\_ Time: \_\_\_\_\_

Name of Parent/Guardian notified: \_\_\_\_\_ Time: \_\_\_\_\_

Where was the injured taken: Home \_\_\_\_\_ Doctor \_\_\_\_\_ Hospital \_\_\_\_\_ Clinic \_\_\_\_\_ Transported via: \_\_\_\_\_

Signature of reporter: \_\_\_\_\_ Time: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of 2<sup>nd</sup> reporter: \_\_\_\_\_ Time: \_\_\_\_\_ Date: \_\_\_\_\_