

STUDENT ACCIDENT REPORT FORM**DALLAS SCHOOL DISTRICT #2**

Dallas, Oregon 97338

BUILDING _____

NAME _____ GRADE _____ DATE _____

ACTIVITY _____

NATURE OF INJURY**Location:** Check one

- ☐ Physical education class
- ☐ Playground equipment
- ☐ Play Shed
- ☐ Classroom
- ☐ Cafeteria
- ☐ Corridors & Stairs
- ☐ Gymnasium
- ☐ Covered Play area
- ☐ Rest Rooms
- ☐ Other: _____

Injury to: Check one

- ☐ Arm
- ☐ Back
- ☐ Body
- ☐ Chest
- ☐ Hand
- ☐ Head
- ☐ Leg
- ☐ Misc. (seizure, fainting)

Description of Accident:

Injury Incurred:

Parents and/or Doctor notified

Who: _____

Date:

Time:

First Aid Provided by Staff:

Facilities Repair Required Yes No
Describe:

Signature of Supervisor