Bellevue School District -- 3418P Exhibit A -- ACCIDENT REPORT FORM

Date of Accident:	Time of Accident:	School Name:	
Student:	**ID#**	**DOB:**	**Age:**
If injured person is **not a student**, list name and position (for District employees):			

Nature of Injury:		
☐ Amputation	☐ Burn (serious)	☐ Laceration
☐ Bio-Hazard Exposure	☐ Chemical Exposure	☐ Poisoning
☐ Bite	☐ Dislocation	☐ Puncture
☐ Broken/Chipped Tooth	☐ Electrical Injury/Shock	☐ Sprain/Strain
☐ Bruise (serious)	☐ Fracture	
☐ Other:		

Body Part Injured:				
☐ Abdomen	☐ Collarbone	☐ Face	☐ Head	☐ Mouth
☐ Ankle	☐ Ear	☐ Finger	☐ Hip	☐ Nose
☐ Arm	☐ Elbow	☐ Foot	☐ Knee	☐ Shoulder
☐ Back	☐ Eye	☐ Hand	☐ Leg	☐ Tooth
☐ Chest				☐ Wrist
☐ Other:				

Action Taken:	
☐ Sent to school nurse	☐ Doctor's Appointment Advised
☐ 911 Called: Time_____	☐ Parent/Guardian Called: Time_____
☐ Student transported to ER by ambulance	☐ Sent Home
☐ ER/Urgent Care Advised	☐ No Treatment
☐ First Aid Treatment (describe):	
Staff Member Providing Assistance:	

Description of Incident:

Witnesses List any adult witnesses; attach additional sheet, if necessary.		
Name:	Address:	Phone #:
Name:	Address:	Phone #:

Location:			
☐ Athletic Field	☐ Classroom	☐ Hallway	☐ Playground
☐ Auditorium	☐ Field Trip	☐ Library	☐ Restroom
☐ Bus/Bus Stop	☐ Gym	☐ Locker Room	☐ Shop
☐ Cafeteria		☐ Parking Lot	
☐ Other:			

FORM COMPLETED BY:_____**POSITION:**_____

Date: 8.18