



# STANDARD STUDENT ACCIDENT REPORT FORM

1. Name \_\_\_\_\_ Home Address \_\_\_\_\_
2. School \_\_\_\_\_ Sex: M \_\_\_\_ F \_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_
3. Time accident occurred: Hour \_\_\_\_\_ A.M. \_\_\_\_\_ P.M. Date: \_\_\_\_\_
4. Place of Accident: 1. \_\_ School building 2. \_\_ School Grounds 3. \_\_ To or from school 4. \_\_ Elsewhere
5. School Insurance? No \_\_\_\_\_ Yes \_\_\_\_\_
6. Name of individual in charge when accident occurred?  
\_\_\_\_\_

Present at scene of accident? No \_\_\_\_\_ Yes \_\_\_\_\_

7. "SOAP" INCIDENT  
S (SUBJECTIVE) What does injured person say:

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O (OBJECTIVE) What do you observe?

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A (ASSESSMENT) What is your preliminary assessment of the problem?

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P (PLAN) Include time principal and family/guardian notified. If the injury is severe, notify level director and legal counsel immediately. Document first aid and referrals on Cumulative Health Record.

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Name and Title of Person Completing Form

8. WITNESSES TO ACCIDENT

Name _____	Address _____	Phone _____
Name _____	Address _____	Phone _____
Name _____	Address _____	Phone _____

Signed: Principal: \_\_\_\_\_

**SEND TOP COPY TO RISK MANAGEMENT  
AND SECOND COPY TO SCHOOL OFFICE**