



# 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:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

O (OBJECTIVE) What do you observe?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Title of Person Completing Form

8. WITNESSES TO ACCIDENT

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_  
Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_  
Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

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

**ORIGINAL TO RISK MANAGEMENT  
COPY TO SCHOOL OFFICE**