

**SKAGWAY SCHOOL**  
**STUDENT ACCIDENT REPORT**

**DATE:** \_\_\_\_\_

**NAME OF STUDENT:** \_\_\_\_\_

**SEX:**         Female  
               Male        **AGE:** \_\_\_\_\_        **BIRTH DATE:** \_\_\_\_\_        **GRADE:** \_\_\_\_\_

**TIME:** \_\_\_\_\_         P.M.         A.M.

**WHERE** (location) did injury occur? \_\_\_\_\_

\_\_\_\_\_  
**HOW DID** injury occur? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**PART OF** body injured: \_\_\_\_\_

**AT THE TIME** of injury was the student involved in a school sponsored and supervised activity.         YES         NO

**IF ATHLETIC**, designate:     PE CLASS     INTERMURAL     PRACTICE     GAME

**IN YOUR JUDGMENT**, was this an  
 unsafe act                     unsafe mechanical/physical condition  
 unsafe personal factor

**DESCRIPTION OF INJURY:** (give a word/picture of the accident who, what, when, why and how) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**UNDER WHOSE** supervision? \_\_\_\_\_ was he/she a  
witness?     \_\_\_ YES     \_\_\_ NO

**WHAT ACTION** did the supervisor take? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DATE OF REPORT** \_\_\_\_\_ **TIME** \_\_\_\_\_

\_\_\_\_\_  
**SUPERINTENDENT SIGNATURE**

\_\_\_\_\_  
**REPORT PREPARED BY/SIGNATURE**

**SUBSEQUENT ACTION TAKEN:** List action taken by other staff members (office, nurse,  
phone call, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**NAME OF** parents or guardian: \_\_\_\_\_

**WERE PARENTS** notified? \_\_\_\_\_

**COMMENTS:** \_\_\_\_\_  
\_\_\_\_\_