

WESTERN STATES INSURANCE  
**SCHOOL ACCIDENT/INJURY REPORT**

**DATE OF ACCIDENT:** \_\_\_\_\_ **TIME OF ACCIDENT:** \_\_\_\_\_

**NAME OF INJURED:** \_\_\_\_\_ **PARENT'S NAME:** \_\_\_\_\_

**AGE:** \_\_\_\_\_ **SEX:** \_\_\_\_\_ **GRADE:** \_\_\_\_\_ **SCHOOL:** \_\_\_\_\_

**HOME ADDRESS:** \_\_\_\_\_

**HOME PHONE:** \_\_\_\_\_ **PARENT'S WORK PHONE:** \_\_\_\_\_

**LOCATION OF ACCIDENT:** \_\_\_\_\_

**DESCRIPTION OF ACCIDENT:** \_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

**PERSON IN CHARGE WHEN ACCIDENT OCCURRED:** \_\_\_\_\_

**IMMEDIATE ACTION TAKEN:** ( )First-aid Treatment ( )Sent to School Nurse

( )Taken Home ( )Referred to Doctor ( )Sent to Hospital By Whom: \_\_\_\_\_

**NOTIFICATION:** ( )Parent ( )Guardian ( )Doctor ( )Nurse ( )Teacher ( )Other \_\_\_\_\_

How Notified: \_\_\_\_\_ When: \_\_\_\_\_ By Whom: \_\_\_\_\_

**DISPOSITION:** ( )Taken Home ( )Taken to doctor's office ( )Taken to hospital ( )Other \_\_\_\_\_

**WITNESSES:** Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

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

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

**MISCELLANEOUS INFORMATION:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Person Submitting Report \_\_\_\_\_ Contact Phone No. \_\_\_\_\_

Signed by Principal /Nurse \_\_\_\_\_ Contact Phone No. \_\_\_\_\_