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| ***INJURY******REPORT*** | **EVERETT PUBLIC SCHOOLS • FINANCE DEPARTMENT • LONGFELLOW BUILDING****STUDENT/VOLUNTEER/CITIZEN ~ INCIDENT/ACCIDENT REPORT FORM**THIS FORM DOES **NOT** COMPLY WITH RCW 4.96.020 FOR THE FILING OF A CLAIM FOR DAMAGES |
| **FORM INSTRUCTIONS:**  This form to be completed **by DISTRICT PERSONNEL ONLY** any time a student or person other than an employee is injured on Everett Public Schools property. Do not allow student or parents/injured party to complete. Do not use this form to report employee (on the job) injuries (Contact Human Resources at 425-385-4115). Complete and forward this form to Business Services, Risk Manager within 24 hours of the incident. **If an accident occurs that is critical in nature, please call Business Services Department, Risk Manager at 425-385-4150 and report the accident verbally.** Describe the incident in sufficient detail to show the conditions that existed at the time of the incident. |
| **GENERAL INFORMATION** SCHOOL DISTRICT: Everett Public Schools | SCHOOL NAME: |       |
| DISTRICT CONTACT: | Jennifer Farmer or Kim Walker | PHONE NUMBER: | 425-385-4150 |
| INCIDENT/ACCIDENT DATE: |       | TIME: |       | AM/PM |       |
| LOCATION: [ ]  CLASSROOM [ ]  PLAYGROUND [ ]  GYM [ ]  LABORATORY [ ]  SHOP [ ]  OFF-PREMISES | [ ]  OTHER, SPECIFY: |       |
| DESCRIPTION OF ACCIDENT/CAUSE OF INJURY: |       |
|       |
| WITNESS(ES): |       | PHONE NUMBER: |       |
| WITNESS(ES): |       | PHONE NUMBER: |       |
| IDENTIFY AGENCY CALLED TO SCENE *(police, fire, etc)*: |       | REPORT NUMBER: |       |
| **INJURIES** *(complete separate form for each injured individual)* | **FOR EMPLOYEE INJURIES – CONTACT HUMAN RESOURCES AT 425-385-4115** |
| NAME: |       | [ ]  STUDENT [ ]  CITIZEN |
|  LAST FIRST MI |  |
| ADDRESS: |       | GENDER: |       | AGE: |     | GRADE: |     |
|  STREET CITY ZIP CODE |  |
| NAME OF PARENT/GUARDIAN *(if applicable)*: |       | HOME PHONE: |       |
| ADDRESS OF PARENT: |       | WORK PHONE: |       |
| PART OF BODY INJURED: |       | TYPE OF INJURY *(e.g., cut, burn)*: |       | CELL PHONE: |       |
| EXTENT OF INJURY *(e.g., minor, severe)*: |       | NO. OF SCHOOL DAYS LOST: |       |
| IF CITIZEN, REASON FOR BEING AT SCHOOL/FACILITY: |       |
| PERSON IN CHARGE AT TIME OF INCIDENT: |       | TITLE: |       | PHONE #: |       |
| ACTION TAKEN: |       |
| BY WHOM/WHEN: |       | PRESENT AT SCENE? [ ]  YES [ ]  NO |
| [ ]  SENT TO HEALTH ROOM  SENT HOME [ ]  911 CALLED [ ]  SENT TO HOSPITAL/DOCTOR IF STUDENT, ACCIDENT. INS? [ ]  YES [ ]  NO |
| [ ]  STUDENT FELT WELL AND RETURNED TO CLASS AFTER  |       | MINUTES OF OBSERVATION |
|  |
| **ADDITIONAL INJURY INFORMATION:** |
| PARENT/GUARDIAN NOTIFIED: |       | PHONE #: |       |
| WHEN NOTIFIED: |       | BY WHOM: |       |
| **BUMPS OR BLOWS TO THE HEAD - SYMPTOMS:** |
| [ ]  Slight headache | [ ]  Minor abrasion/cut | [ ]  Paleness or flushing | [ ]  Weakness or paralysis |
| [ ]  Nausea/vomiting | [ ]  Confusion/incoherent | [ ]  Bruising/Sore | [ ]  Loss of consciousness |
| [ ]  Loss of memory | [ ]  Dizziness | [ ]  Vision changes | [ ]  Swelling at injury site |
| **BUMPS OR BLOWS TO THE HEAD - TREATMENT:** |  |
| [ ]  Ice applied | [ ]  Bandage applied | [ ]  Other *(comment)*: |       |
| REPORT PREPARED BY: |       | TITLE: |       |
| SIGNATURE: |  | DATE: |       |
| BLDG. ADMINISTRATOR SIGNATURE: |  | DATE: |       |

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| **FOR BUSINESS SERVICES USE ONLY** | DATE LOGGED: |  | DATE SENT TO RISK POOL: |  |