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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: |  |