

Washington Department of Education Accident/Incident Report

School: _____	Teacher: _____	Incident Date: _____	Incident Time: _____ AM ___ PM ___
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Name: _____	Student: _____ Staff: _____ Visitor: _____
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Address: _____

DOB: _____	Age: _____	Grade: _____	Sex: _____
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Phone: _____	SS#: _____	Incident Location: _____
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Were teeth involved in the incident? _____	Type of injury (Indicate part of body involved; Be specific) _____
If teeth were involved, what condition were teeth prior to the accident? Whole/Natural: _____ Filled: _____ Capped: _____ Artificial : _____	If the incident occurred while participating in a sporting event or practice, what was the sport? _____

Incident Occurred: Before School: _____ During School _____ After School _____
Incident Witnessed By: _____

Action Taken: First Aid/School Staff: _____ Sent to School Nurse: _____ EMS/911 Notified: _____ Sent Home: _____ Recommended Physician Evaluation: _____ HSR Packet provided to Parent: _____

Detailed Description of Incident:

Parent/Guardian Notified: Y ___ N ___	Name of Person Notified: _____	Relationship to Child: _____	Time Notified: _____ AM: ___ PM: ___
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Notified Parent/Guardian by: _____	Report Completed by: _____
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