

School Accident Report Form

GENERAL INFORMATION

School _____ Student Employee

A. Name _____ Last First Middle Initial

B. Grade _____ Position _____ C. Age _____ D. Sex - Male - Female

ACCIDENT INFORMATION

A. Time of Accident _____ a.m. _____ p.m. Date _____ B. Supervised Activity? Yes No

C. If yes, person in charge _____

D. **Nature of Injury** (may be completed after medical examination)

- | | | | |
|-----------------------------------|--------------------------------------|---|----------------------------------|
| 1. <input type="radio"/> Abrasion | 4. <input type="radio"/> Burn | 7. <input type="radio"/> Fracture | 10. <input type="radio"/> Sprain |
| 2. <input type="radio"/> Bruise | 5. <input type="radio"/> Concussion | 8. <input type="radio"/> Laceration/Cut | 11. <input type="radio"/> Strain |
| 3. <input type="radio"/> Bump | 6. <input type="radio"/> Dislocation | 9. <input type="radio"/> Puncture | 12. <input type="radio"/> Other |

E. **Part of Body Injured**

- | <i>I. Head</i> | <i>II. Trunk</i> | <i>III. Arms</i> | <i>IV. Legs</i> |
|--------------------------------|----------------------------------|------------------------------------|------------------------------------|
| 1. <input type="radio"/> Scalp | 1. <input type="radio"/> Chest | 1. <input type="radio"/> Shoulder | 1. <input type="radio"/> Hip |
| 2. <input type="radio"/> Back | 2. <input type="radio"/> Abdomen | 2. <input type="radio"/> Upper Arm | 2. <input type="radio"/> Upper Leg |
| 3. <input type="radio"/> Front | 3. <input type="radio"/> Back | 3. <input type="radio"/> Elbow | 3. <input type="radio"/> Knee |
| 4. <input type="radio"/> Eyes | | 4. <input type="radio"/> Lower Arm | 4. <input type="radio"/> Lower leg |
| 5. <input type="radio"/> Ear | | 5. <input type="radio"/> Hand | 5. <input type="radio"/> Foot |
| 6. <input type="radio"/> Nose | | 6. <input type="radio"/> Fingers | 6. <input type="radio"/> Toes |
| 7. <input type="radio"/> Mouth | | | |
| 8. <input type="radio"/> Tooth | | | |
| 9. <input type="radio"/> Neck | | | |

F. **Kind of Accident** (1)

- Animal bite or insect bite
- Collision with student (bump, etc.)
- Contact with hot or toxic substance
- Fall or slip
- Fighting
- Struck by auto, bike, etc.
- Struck by object (swing, etc.)
- Student collided with object
- Other _____

G. **Where Accident Happened** (1)

- Athletic Field
- Cafeteria
- Classroom
- Gym
- Hallway
- Playground
- Restroom
- School Bus
- Stairway
- To or from school
- Vocational/Shops/Labs
- Other _____

CONTRIBUTING CAUSES

A. Environmental Factors (1)

- 1. Crowding
- 2. Doors
- 3. Drinking fountain
- 4. Equipment
- 5. Floors
- 6. Hard surface
- 7. Lighting
- 8. No handrail
- 9. Weather
- 10. Other _____

B. Human Factors (1)

- 1. Active game
- 2. Fatigue
- 3. Fighting
- 4. Horseplay
- 5. Lack of training/experience
- 6. Preoccupation
- 7. Running
- 8. Violation of rules
- 9. Other _____

C. Agents (1)

- 1. Animal or insect
- 2. Electricity
- 3. Fire
- 4. Gases
- 5. Liquids
- 6. Recreation equipment
- 7. Pencil
- 8. School equipment
- 9. Vehicle
- 10. Other _____

ACCIDENT DESCRIPTION

Describe the accident in your own words. Please give all details so that this accident report may be used to prevent other similar accidents.

POST-ACCIDENT INFORMATION

A. Was first aid given? Yes No By Whom: _____

Description of first aid: _____

B. Was parent or other responsible person notified? Yes No By whom: _____

If no, explain _____

C. Advised on tetanus immunization? Yes No

D. Injured, sent home. If so, was he/she accompanied? Yes No

Injured, sent to physician. Name of physician _____

Injured, sent to emergency room. Name of hospital _____

E. Days absent from school or work _____

ACTION TAKEN

A. Instructional

- 1. Discussed at staff meeting
- 2. Discussed in each class as part of regular instruction
- 3. Discussed with parent
- 4. Personal instruction given to injured
- 5. Personal instruction given to person in charge
- 6. Presented as a subject of assembly program

B. Policy or Corrective Action

- 1. Environmental changes affected
- 2. Notified school safety committee
- 3. Safety rules amended to prevent recurrence
- 4. Safety specialist visit to assist in safety program
- 5. Suggest closer supervision
- 6. Other _____
- 7. No action taken

Signed: _____ Title: _____

Other Witnesses: _____