## School Accident Report Form

## **GENERAL INFORMATION**

School			Student <b>O</b> Employee <b>O</b>
A. Name			Last First Middle Initial
B. Grade P	osition	C. Age	D. Sex - Male <b>0</b> - Female <b>0</b>
ACCIDENT INFOR		**********	**********
A. Time of Accident	a.m p.m. Date	B. Supe	ervised Activity? •• Yes •• No
C. If yes, person in cha	rge		
D. Nature of Injury	(may be completed after medic	cal examination)	
1. <b>O</b> Abrasion	4. <b>O</b> Burn	7. <b>O</b> Fracture	10. <b>O</b> Sprain
2. O Bruise	5. O Concussion	8. O Laceration/Cut	11. <b>O</b> Strain
3. <b>O</b> Bump	6. O Dislocation	9. O Puncture	12. <b>O</b> Other
E. Part of Body Injure			
I. Head	II. Trunk	///. Arms	IV. Legs
1. O Scalp	1. O Chest	1. <b>O</b> Shoulder	1. <b>O</b> Hip
2. <b>O</b> Back	2. O Abdomen	2. O Upper Arm	2. <b>O</b> Upper Leg
3. <b>O</b> Front	3. <b>O</b> Back	3. <b>O</b> Elbow	3. <b>O</b> Knee
4. <b>O</b> Eyes		4. O Lower Arm	4. O Lower leg
5. <b>O</b> Ear		5. <b>O</b> Hand	5. <b>O</b> Foot
6. <b>O</b> Nose		6. <b>O</b> Fingers	6. O Toes
7. <b>O</b> Mouth			
8. O Tooth			
9. O Neck			
F. Kind of Accident (1)		G. Where Accident Happened (1)	
1. O Animal bite or insect bite		1. O Athletic Field	
2. O Collision with student (bump, etc.)		2. O Cafeteria	
3. O Contact with hot or toxic substance		3. O Classroom	
4. <b>O</b> Fall or slip		4. <b>O</b> Gym	
5. <b>O</b> Fighting		5. <b>O</b> Hallway	
6. <b>O</b> Struck by auto, bike, etc.		6. O Playground	
7. O Struck by object (swing, etc.)		7. O Restroom	
8. O Student collided with object		8. O School Bus	
9. <b>O</b> Other		9. O Stairway	
		10. <b>O</b> To or fro	om school
		11. O Vocation	nal/Shops/Labs
		12. <b>O</b> Other	

POST-ACCIDENT INFORMATION  A. Was first aid given? • Yes • No By Whom:  Description of first aid:	CONTRIBUTING CAUSES					
2. O Doors 2. O Fatigue 3. O Drinking fountain 3. O Fighting 3. O Fire 4. O Equipment 4. O Eases 5. O Floors 5. O Lack of training/experience 5. O Liquids 6. O Hard surface 6. O Precoccupation 7. O Paunning 7. O Paunning 8. O No handrall 8. O Violation of rules 8. O School equipment 9. O Other 9. O Other 9. O Other 9. O Vehicle 10. O Other 9. O	A. Environmental Factors (1)	B. Human Factors (1)	C. Agents (1)			
3. O Prinking fountain 4. O Equipment 4. O Horseplay 4. O Gases 5. O Floors 5. O Floors 5. O Floors 6. O Hard surface 6. O Preoccupation 6. O Recreation equipment 7. O Lighting 7. O Running 7. O Running 7. O Pencil 8. O No handrail 8. O Violation of rules 8. O School equipment 9. O Other 9. O Other 9. O Other 10. O Other 4  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? O Yes O No By Whom:  Description of first aid:  B. Was parent or other responsible person notified? O Yes O No By whom:  If no, explain C. Advised on tetanus immunization? O Yes O No D. O Injured, sent to physician. Name of physician O Injured, sent to emergency room. Name of hospital E. Days absent from school or work  ACTION TAKEN A. Instructional 1. O Discussed at staff meeting A. O Personal instruction given to injured C. O D Vescussed of the prevented as a subject of assembly program E. Policy or Corrective Action 7. O No action taken  Signed: Title:  Title:	1. • Crowding	1. O Active game	1. <b>O</b> Animal or insect			
4. O Horseplay 4. O Gases 5. O Floors 5. O Lack of training/experience 5. O Liquids 6. O Hard surface 6. O Preoccupation 7. O Running 7. O Pencil 8. O No handrail 8. O Violation of rules 8. O School equipment 9. O Weather 9. O Other 9. O Vehicle 10. O Other 9. O Other 9. O Other 9. O Vehicle 10. O Other 9. Oth	2. O Doors	2. O Fatigue	2. C Electricity			
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