ACCIDENT REPORT FORM

SCHOOL DISTRICT _____ PERSON COMPLETING FORM _____

TO BE USED FOR ALL ACCIDENTS

NAME_____ **HOME ADDRESS**_____ **TIME OF ACCIDENT** _____

SCHOOL_____ **GENDER** ☐ M ☐ F **AGE**____ **GRADE**____ **DATE**_____

POSITION OF PERSON INVOLVED: ☐ STUDENT ☐ S/D EMPLOYEE ☐ VISITOR ☐ OTHER_____

NATURE OF INJURY
(CHECK ALL THAT APPLY)

ACCIDENTAL	☐
ACCIDENTAL CONTACT	☐
ANIMAL BITE/STING	☐
ASSAULT	☐
ASSAULT W/ WEAPON	☐
ATHLETIC INJURY (AFTER SCHOOL)	☐
ATHLETIC INJURY (DURING SCHOOL)	☐
BIO-HAZARD EXPOSURE	☐
BURN/SCALD	☐
CHEMICAL EXPOSURE	☐
CHIPPED TOOTH	☐
CHOKING	☐
ELECTRICAL INJURY	☐
EYE INJURY	☐
FALL FROM ELEVATED SURFACE	☐
FRACTURE	☐
HIT BY FOREIGN OBJECT	☐
HORSEPLAY	☐
HUMAN BITE	☐
ILLNESS	☐
LACERATION	☐
MEDICAL CONDITION	☐
PUNCTURE WOUND	☐
SMASHED	☐
STRUCK STATIONARY OBJECT	☐
TRIP/SLIP	☐
VOCATIONAL	☐

BODY PART INJURED

	R	L
ANKLE	☐	☐
ARM	☐	☐
BACK	☐	☐
EAR	☐	☐
ELBOW	☐	☐
EYE	☐	☐
FACE	☐	☐
FINGER	☐	☐
FOOT	☐	☐
HAND	☐	☐
HEAD	☐	☐
HIP	☐	☐
KNEE	☐	☐
LEG	☐	☐
MOUTH	☐	☐
NOSE	☐	☐
WRIST	☐	☐
OTHER_____		

LOCATION

AUDITORIUM	☐
BUS/BUS STOP	☐
CAFETERIA	☐
CLASSROOM	☐
GYMNASIUM	☐
HALLWAY	☐
LIBRARY	☐
LOCKER ROOM	☐
OFF CAMPUS	☐
PARKING LOT	☐
PLAYGROUND	☐
RESTROOM	☐
SCHOOL GROUNDS	☐
_____SHOP	☐
_____FIELD	☐

OTHER_____

SPECIFY SCHOOL ACTIVITY

_____
_____
_____
_____
_____

IF ACCIDENT WAS THE RESULT OF A MACHINE OR EQUIPMENT FAILURE SPECIFY THE FAILURE IN DETAIL

_____
_____
_____

DOES THE STUDENT CARRY SCHOOL ACCIDENT INSURANCE ☐YES ☐NO

NUMBER OF DAYS MISSED FROM SCHOOL _____

NAME OF SUPERVISOR IN CHARGE WHEN ACCIDENT OCCURRED

_____ **PHONE NUMBER**_____

WAS SUPERVISOR PRESENT AT TIME OF ACCIDENT? ☐YES ☐NO

ACTION TAKEN		BY WHOM	SPECIFY ACTION TAKEN
FIRST AID TREATMENT	☐	_____	_____
SENT TO SCHOOL NURSE	☐	_____	_____
AMBULANCE CALLED	☐	_____	_____
SENT TO HOSPITAL	☐	_____	_____
NO TREATMENT	☐	_____	_____
CALLED PARENT/GUARDIAN	☐	_____	_____
SENT HOME	☐	_____	_____
OTHER_____	☐		

WITNESSES

NAME_____ ADDRESS_____ PHONE_____

NAME_____ ADDRESS_____ PHONE_____

DESCRIPTION OF ACCIDENT
USE REVERSE SIDE IF NECESSARY

_____
_____
_____
_____
_____

_____ _____

Superintendent's Signature Date