

ACCIDENT REPORTS

STUDENT ACCIDENT REPORT

School _____ Date of report _____

Name _____ Sex: Male Female Grade _____

Age _____ Home address _____

Phone _____ Teacher _____

E-mail address _____

Time of accident: Hour _____ a.m. p.m. Date _____

Place of accident: School building School grounds To or from school
 Interscholastic athletics

Witness name _____ Address _____

Description of Accident

How did the accident happen? What did the student state? (Use quotes.) Where was the student? Describe first aid given.

Signature of person reporting

Was the parent or other individual notified? No Yes When? _____

Name of individual notified _____ How? _____

First aid treatment _____ By whom? _____

Called 911; Sent to: Home Physician Class _____ Hospital

How was the student transported? _____

District office notified. Time _____ By whom? _____

Location Athletic field Playground Classroom Corridor of
 Cafeteria Dressing room Dressing room Gymnasium Home Ec.
Accident: Bus Science Lab Restroom School grounds Shop

Showers Stairs Bus stop other: _____

Follow-up _____

Total number of days absent: _____ Nature of injury: Abrasion
 Amputation Animal bite Avulsed tooth Fracture
 Human bite Laceration Puncture Scratches Sprain

Strain Other: _____

Part of body injured: Ankle Arm Back Clavicle Elbow Eye Face
 Finger Foot Hand Head Knee Leg Nose Scalp Toe Tooth
 Wrist other: _____

Superintendent's signature

Date

H/A or Nurse Signature

Date