# School Accident Report Form

## GENERAL INFORMATION

<table>
<thead>
<tr>
<th>School __________________________________________________________________________________________</th>
<th>□ Student □ Employee</th>
</tr>
</thead>
</table>

A. Name ______________________________________________________________________________________________________________

<table>
<thead>
<tr>
<th>Last</th>
<th>First</th>
<th>Middle Initial</th>
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</thead>
</table>

B. Grade _________________________                         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. □ Abrasion
2. □ Bruise
3. □ Bump

4. □ Burn
5. □ Concussion
6. □ Dislocation

7. □ Fracture
8. □ Laceration
9. □ Puncture

10. □ Sprain
11. □ Strain
12. □ Other

## Part of Body Injured

<table>
<thead>
<tr>
<th>I. Head</th>
<th>II. Trunk</th>
<th>III. Arms</th>
<th>IV. Legs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scalp</td>
<td>Chest</td>
<td>Shoulder</td>
<td>Hip</td>
</tr>
<tr>
<td>Back</td>
<td>Abdomen</td>
<td>Upper Arm</td>
<td>Upper Leg</td>
</tr>
<tr>
<td>Front</td>
<td>Back</td>
<td>Elbow</td>
<td>Knee</td>
</tr>
<tr>
<td>Eyes</td>
<td>Lower Arm</td>
<td>Lower leg</td>
<td></td>
</tr>
<tr>
<td>Ear</td>
<td>Hand</td>
<td>Foot</td>
<td></td>
</tr>
<tr>
<td>Nose</td>
<td>Fingers</td>
<td>Toes</td>
<td></td>
</tr>
<tr>
<td>Mouth</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tooth</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Neck</td>
<td></td>
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<td></td>
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</tbody>
</table>

F. **Kind of Accident** *(check one only)*

1. □ Animal bite or insect bite
2. □ Collision with student (bump, etc.)
3. □ Contact with hot or toxic substance
4. □ Fall or slip
5. □ Fighting
6. □ Struck by auto, bike, etc.
7. □ Struck by object (swing, etc.)
8. □ Student collided with object
9. □ Other _______________________

G. **Where Accident Happened** *(check one only)*

1. □ Athletic Field
2. □ Cafeteria
3. □ Classroom
4. □ Gym
5. □ Hallway
6. □ Playground
7. □ Restroom
8. □ School Bus  
9. □ Stairway
10. □ To or from school
11. □ Vocational/Shops/Labs
12. □ 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  4. Personal instruction given to injured

2. Discussed in each class as part of regular instruction  5. Personal instruction given to person in charge

3. Discussed with parent  6. Presented as a subject of assembly program

B. Policy or Corrective Action

1. Discussed with school principal as a follow-up  2. Principal notified

SIGNATURES

<table>
<thead>
<tr>
<th>Person in charge</th>
<th>Title</th>
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<tbody>
<tr>
<td>Person giving first aid</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Witness</th>
<th>Title</th>
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