

Standard Student Accident Report Form

1. Student Name: _____ Home Address: _____

2. School: _____ Sex: M F Age: ____ Grade or Classification _____

3. Time accident occurred: ____ A.M. ____ P.M. Date accident occurred: _____

4. Place of Accident: School Building School Grounds To or from School Home Elsewhere

5.	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; border-right: 1px solid black;"> Abrasion _____ Fracture _____ Amputation _____ Laceration _____ Bruise _____ Puncture _____ Burn _____ Scratches _____ Concussion _____ Sprain _____ Cut _____ Other (specify) _____ </td> <td style="width: 50%;"></td> </tr> <tr> <td style="border-right: 1px solid black;"> Ankle _____ Hand _____ Arm _____ Head _____ Back _____ Knee _____ Elbow _____ Leg _____ Eye _____ Nose _____ Face _____ Scalp _____ Finger _____ Tooth _____ Foot _____ Wrist _____ Other (specify) _____ </td> <td></td> </tr> </table>	Abrasion _____ Fracture _____ Amputation _____ Laceration _____ Bruise _____ Puncture _____ Burn _____ Scratches _____ Concussion _____ Sprain _____ Cut _____ Other (specify) _____		Ankle _____ Hand _____ Arm _____ Head _____ Back _____ Knee _____ Elbow _____ Leg _____ Eye _____ Nose _____ Face _____ Scalp _____ Finger _____ Tooth _____ Foot _____ Wrist _____ Other (specify) _____		<p style="text-align: center;">Description of the Accident</p> <p>How did accident happen? What was student doing? Where was student? List specifically unsafe acts and unsafe conditions existing. Specify any tool, machine or equipment involved.</p>
Abrasion _____ Fracture _____ Amputation _____ Laceration _____ Bruise _____ Puncture _____ Burn _____ Scratches _____ Concussion _____ Sprain _____ Cut _____ Other (specify) _____						
Ankle _____ Hand _____ Arm _____ Head _____ Back _____ Knee _____ Elbow _____ Leg _____ Eye _____ Nose _____ Face _____ Scalp _____ Finger _____ Tooth _____ Foot _____ Wrist _____ Other (specify) _____						

6. Degree of Injury: Death Permanent Impairment Other

Part B. Additional Information School Jurisdiction Accidents

7. Is accident covered by insurance? Yes _____ No _____ What company _____

8. Teacher in charge when accident occurred (Enter name): _____
 Present at scene of accident: No _____ Yes _____

9.	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%; border-right: 1px solid black;"> IMMEDIATE ACTION TAKEN </td> <td> First-aid treatment _____ By (Name): _____ Sent to school nurse _____ By (Name): _____ Sent home _____ By (Name): _____ Sent to physician _____ By (Name): _____ Physician's Name: _____ Sent to hospital _____ By (Name): _____ Name of hospital: _____ </td> </tr> </table>	IMMEDIATE ACTION TAKEN	First-aid treatment _____ By (Name): _____ Sent to school nurse _____ By (Name): _____ Sent home _____ By (Name): _____ Sent to physician _____ By (Name): _____ Physician's Name: _____ Sent to hospital _____ By (Name): _____ Name of hospital: _____
IMMEDIATE ACTION TAKEN	First-aid treatment _____ By (Name): _____ Sent to school nurse _____ By (Name): _____ Sent home _____ By (Name): _____ Sent to physician _____ By (Name): _____ Physician's Name: _____ Sent to hospital _____ By (Name): _____ Name of hospital: _____		

10. Was a parent or other individual notified? No _____ Yes _____ When: _____ How: _____
 Name of individual notified: _____
 By whom? (Enter name): _____

11.	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; border-right: 1px solid black; text-align: center; vertical-align: middle;">LOCATION</td> <td style="width: 40%;"></td> <td style="width: 50%; text-align: center;">Specify Activity</td> </tr> <tr> <td style="border-right: 1px solid black;">Athletic field</td> <td>_____</td> <td>_____</td> </tr> <tr> <td style="border-right: 1px solid black;">Auditorium</td> <td>_____</td> <td>_____</td> </tr> <tr> <td style="border-right: 1px solid black;">Classroom</td> <td>_____</td> <td>_____</td> </tr> <tr> <td style="border-right: 1px solid black;">Corridor</td> <td>_____</td> <td>_____</td> </tr> <tr> <td style="border-right: 1px solid black;">Dressing room</td> <td>_____</td> <td>_____</td> </tr> <tr> <td style="border-right: 1px solid black;">Gymnasium</td> <td>_____</td> <td>_____</td> </tr> <tr> <td style="border-right: 1px solid black;">Home Econ.</td> <td>_____</td> <td>_____</td> </tr> <tr> <td style="border-right: 1px solid black;">Laboratories</td> <td>_____</td> <td>_____</td> </tr> <tr> <td style="border-right: 1px solid black;">Sch. grounds</td> <td>_____</td> <td>_____</td> </tr> <tr> <td style="border-right: 1px solid black;">_____ shop</td> <td>_____</td> <td>_____</td> </tr> <tr> <td style="border-right: 1px solid black;">Showers</td> <td>_____</td> <td>_____</td> </tr> <tr> <td style="border-right: 1px solid black;">Stairs</td> <td>_____</td> <td>_____</td> </tr> <tr> <td style="border-right: 1px solid black;">Other</td> <td>_____</td> <td>_____</td> </tr> </table>	LOCATION		Specify Activity	Athletic field	_____	_____	Auditorium	_____	_____	Classroom	_____	_____	Corridor	_____	_____	Dressing room	_____	_____	Gymnasium	_____	_____	Home Econ.	_____	_____	Laboratories	_____	_____	Sch. grounds	_____	_____	_____ shop	_____	_____	Showers	_____	_____	Stairs	_____	_____	Other	_____	_____	<p style="text-align: center;">Remarks</p> <p>What recommendations do you have for preventing other accidents of this type?</p>
LOCATION		Specify Activity																																										
Athletic field	_____	_____																																										
Auditorium	_____	_____																																										
Classroom	_____	_____																																										
Corridor	_____	_____																																										
Dressing room	_____	_____																																										
Gymnasium	_____	_____																																										
Home Econ.	_____	_____																																										
Laboratories	_____	_____																																										
Sch. grounds	_____	_____																																										
_____ shop	_____	_____																																										
Showers	_____	_____																																										
Stairs	_____	_____																																										
Other	_____	_____																																										

Signed: Principal: _____ Date: _____ Teacher: _____