**Abingdon–Avon CUSD #276**

**Injury / Accident Report Form**

**Information for *STUDENT* injuries**

Student  Vendor Visitor/Customer Date:  Injured Party: Address: Phone: Sex: M  F  Age: Date of Accident:

Time of accident: AM  PM  Place of Accident: 

Location of Accident:

\*(If injured is an employee, a Form 45 must still be completed.)

**Description of the Injury**

|  |  |
| --- | --- |
| **Cause of Injury** |  |
| Bodily Reaction  | Lifting |  |  |
| Caught In  | Overexertion |  |  |
| Chemical Contact | Rep Motion |  |  |
| Exposure  | Fall (elevation) |  |  |
| Struck by  | Slip/trip/fall |  |  |
| Struck on  | Heat Contact |  |  |

How did the injury happen?

Other:

What was injured person doing?

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|  |  |  |  |
| --- | --- | --- | --- |
| **Type of Injury**Bee sting |  | Fracture |  |
| BiteBurn (chem) Burn (heat) ChemicalContusionCrushCum TraumaDeathForeign Object |  | Hernia Laceration Multiple Occptnl Illness PunctureRashSprain (ligmt) Strain (musc) Stress |  |

List specifically unsafe acts or conditions.

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Other:

Specify any tool, machine, or equipment involved.

**Part of Body**

Arm  Back  Eye  Foot  Ankle  Mental  Torso/Trunk 

Groin  Head/Face  Internal  Knee  Leg  Respiratory Wrist/hand 

Other:

**Immediate Action Taken**

First-aid treatment  By (Name): Sent to physician By (Name):

Physician’s Name:

Sent to hospital  By (Name): Name of Hospital:

**Witnesses**

1. Name: Addresses: Phone:

2. Name: Addresses: Phone:

**What suggestion do you have for preventing other accidents of this type?**

**Signatures**

School Employee: Date:

**Submit to District Office (within 24 hours)**