Rome City Schools SCHOOL ACCIDENT REPORT

School: Parent's Name: Parent's Address: Accident Information Time of accident	Injured Name:			Birt	hdate:	Sex:
Parent's Name: Home Phone:	School:					
Parent's Address:					Home Phone:	
Time of accident a.mp.m. Date:						
Time of accident a.mp.m. Date:			A .11 .4 T.C	4.0		
Supervised activity? Yes No If yes, person in charge: Description of Injury			Accident Info	rmation		
Description of Injury Please describe the injury in your own words including part of the body injured (head, nose, elbow, shoulder, knee, etc.) and of injury (burn, bruise, cut, etc.). Kind of accident (please check) Animal bite or insect bite Collision with student Contact with hot or toxic substance Fall or slip Fighting Struck by auto, bike, etc. Student collided with object (swing, etc.) Student collided with object (door, etc.) Other Contributing Causes Environmental factors Crowding Active game Animal or insect Fighting Active game Animal or insect Fighting Active game Animal or insect Fighting Active game Animal or insect Fighting Fighting Gases	Time of accident	a.m	p.m.		Date:	
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						quipment
WeatherOtherStudentStudentOtherStudent			Ouici			
Revised 3/96 RCS Form000175Solids						

	the accident in your own words. Please give all details so the	hat this accident report may be used to prevent other similar
f accider	nt was seen by another witness, please describe in your own	words.
	parent or other responsible person notified Yes	No By Whomplain
. Does	health record indicate tetanus immunization currently effect	tive? Yes No
	injured sent home? Yes No. If yes, was	
	•	ame of physician
		No Name of hospital
		1
. Days	absent from school or work	
•		
	Action Taken To Preven	ent Similar Accident
_	Instruction	Policy, or Corrective Action
	Discussed at staff meeting Discussed in each class as part of regular instruction	Environmental changes affected Notified school administration
	Discussed in each class as part of regular histraction Discussed with parent	Notified school administrationSuggest closer supervision
I	Personal instruction given to injured	Other
	Personal instruction given to person in charge	
	Presented as a subject of assembly program. Other	Other
	Juici	No Action Taken