



Name of School		School District	
Name of Injured Party		Date of Accident	Time of Accident <input type="checkbox"/> am <input type="checkbox"/> pm
Address		Age	Sex
		Grade or Position	
		Status <input type="checkbox"/> Employee <input type="checkbox"/> Student <input type="checkbox"/> Visitor <input type="checkbox"/> Trespasser <input type="checkbox"/> Other, describe:	

**Description of Accident** (How did the accident happen? What was the injured person doing? What tool, machine or equipment was involved? What teacher, supervisor or administrator was responsible for the area? Who witnessed the accident?)

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Witness Name – 1	Address	Telephone Number
Witness Name – 2	Address	Telephone Number
Witness Name – 3	Address	Telephone Number

Location		Type of Injury		Body Part(s) Affected	
<input type="checkbox"/> Athletic Field	<input type="checkbox"/> Office	<input type="checkbox"/> Abrasion	<input type="checkbox"/> Dislocation	<input type="checkbox"/> Abdomen	<input type="checkbox"/> Finger
<input type="checkbox"/> Bus	<input type="checkbox"/> Playground	<input type="checkbox"/> Amputation	<input type="checkbox"/> Electrical Shock	<input type="checkbox"/> Ankle	<input type="checkbox"/> Foot
<input type="checkbox"/> Bus Stop	<input type="checkbox"/> Restroom	<input type="checkbox"/> Asphyxiation	<input type="checkbox"/> Laceration	<input type="checkbox"/> Arm	<input type="checkbox"/> Hand
<input type="checkbox"/> Cafeteria	<input type="checkbox"/> Sidewalk	<input type="checkbox"/> Bite (Animal or Insect)	<input type="checkbox"/> Fracture	<input type="checkbox"/> Back	<input type="checkbox"/> Head
<input type="checkbox"/> Classroom	<input type="checkbox"/> Swimming Pool Area	<input type="checkbox"/> Bite (Human)	<input type="checkbox"/> Poisoning	<input type="checkbox"/> Chest	<input type="checkbox"/> Leg
<input type="checkbox"/> Gymnasium	<input type="checkbox"/> Stairs (Inside)	<input type="checkbox"/> Burn (Chemical)	<input type="checkbox"/> Puncture	<input type="checkbox"/> Ear	<input type="checkbox"/> Mouth
<input type="checkbox"/> Hallway	<input type="checkbox"/> Stairs (Outside)	<input type="checkbox"/> Burn (Heat)	<input type="checkbox"/> Repetitive Motion	<input type="checkbox"/> Eye	<input type="checkbox"/> Tooth
<input type="checkbox"/> Laboratory	<input type="checkbox"/> Theater or Stage	<input type="checkbox"/> Concussion	<input type="checkbox"/> Sprain/Strain	<input type="checkbox"/> Face	<input type="checkbox"/> Wrist
<input type="checkbox"/> Locker Room	<input type="checkbox"/> Vocational Shops	<input type="checkbox"/> Other (describe)	_____	<input type="checkbox"/> Other (describe)	_____
<input type="checkbox"/> Maintenance Area	<input type="checkbox"/> Off-Premises		_____		_____
Other _____			_____		_____

**Immediate Action Taken**

None

First Aid provided. Given by: \_\_\_\_\_

Medical Ambulance called. Time of Call: \_\_\_\_\_ By: \_\_\_\_\_

School Nurse notified. Time of Call: \_\_\_\_\_ By: \_\_\_\_\_

Parent/Guardian notified. Time of Call: \_\_\_\_\_ By: \_\_\_\_\_

Name of Parent/Guardian notified: \_\_\_\_\_

Parents/Guardian Telephone Number: \_\_\_\_\_ (Home) \_\_\_\_\_ (Work)

Injured person released to  Self  Home  Class  Physician  Hospital  Other \_\_\_\_\_

Time released: \_\_\_\_\_

Report Completed By: \_\_\_\_\_ Title: \_\_\_\_\_

Date: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

**NOTE: This report is for record purposes only and does not constitute the admission of liability on the part of the school system or any employee thereof.**