School Name
School Injury / Accident Report Form
Information for ALL injuries

Student ☐ *Employee ☐ Vendor ☐ Visitor ☐ Date: _____

Name: _____ Address: _____ Phone: _____

School: _____ Sex: M ☐ F ☐ Age: _____ Grade/Classification: _____

Time accident occured: ____:____ AM ☐ PM ☐ Place of Accident: School Building ☐ School Grounds ☐ To/From School ☐

Off Premises Address: _____

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

Cause of Injury

Bodily Reaction	☐	Lifting	☐
Caught In	☐	Overexertion	☐
Chemical Contact	☐	Rep Motion	☐
Exposure	☐	Restraining Child	☐
Fall (elevation)	☐	Struck by_____	☐
Slip/trip/fall	☐	Struck on_____	☐
Heat Contact	☐	Student Bite	☐
Kicked by child	☐		

Other: _____

Type of Injury

Bee sting	☐	Fracture	☐
Bite	☐	Hernia	☐
Burn (chem)	☐	Laceration	☐
Burn (heat)	☐	Multiple	☐
Chemical	☐	Occ Illness	☐
Contusion	☐	Puncture	☐
Crush	☐	Rash	☐
Cum Trauma	☐	Sprain (ligmt)	☐
Death	☐	Strain (musc)	☐
Foreign Object	☐	Stress	☐

Other: _____

Description of the Injury

How did the injury happen? _____

What was injured person doing? _____

List specifically unsafe acts or conditions. _____

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: _____

Additional Information on School Jurisdiction Injuries

Teacher(s) or staff member(s) in charge when accident/injury occurred. Name(s): _____

Present at scene of accident/incident: Yes ☐ No ☐

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: _____

Notification

Was a parent/spouse/other notified? Yes ☐ No ☐ When: _____ How: _____

Name of individual notified: _____

By whom? (Enter name) _____

Witnesses

1. Name: _____ Addresses: _____ Phone: _____
2. Name: _____ Addresses: _____ Phone: _____

Location

Athletic Field	☐	Locker room	☐	Stairs	☐	Auditorium	☐
Parking Lot	☐	Restroom	☐	Cafeteria	☐	Playground	☐
Vocational Shop	☐	Classroom	☐	Pool	☐	Corridor	☐
Which Shop _____		Science Lab	☐	Gymnasium	☐	School Bus	☐
Home Economics	☐	Sidewalk	☐	Off Premises: _____			

Other (specify whether field trip, athletic event, co-op site, etc.): _____

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

_____

_____

Signatures

Principal: _____ Date: _____

Teacher or Staff Member: _____ Date: _____