Heard County School System
Standard Student Accident Report Form

Name: _____

Sex: Male ☐ Female ☐ Age _____

Time Accident Occurred: _____ A.M. ☐ P.M. ☐ Date: Click here to enter a date.

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

Nature of Injury

Abrasion	☐	Fracture	☐
Amputation	☐	Laceration	☐
Asphyxiation	☐	Poisoning	☐
Bite	☐	Puncture	☐
Bruise	☐	Scalds	☐
Burn	☐	Scratches	☐
Concussion	☐	Shock(El.)	☐
Cut	☐	Sprain	☐
Dislocation	☐		
Other (Specify)			

Part of Body Injured

Abdomen	☐	Foot	☐
Ankle	☐	Hand	☐
Arm	☐	Heard	☐
Back	☐	Knee	☐
Chest	☐	Leg	☐
Ear	☐	Mouth	☐
Elbow	☐	Nose	☐
Eye	☐	Scalp	☐
Face	☐	Tooth	☐
Finger	☐	Wrist	☐
Other (Specify)			

Description of the Accident (To be filled out by supervising teacher):

How did the accident happen? What was the student doing? Where was student? List specifically unsafe conditions existing. Specifically any tool, machine or equipment involved.

Action taken by school authorities:
☐ First Aid ☐ Sent to the Hospital
☐ Sent Home ☐ Called the School Nurse

Signature of Teacher: _____ Date: Click here to enter a date.