

STANDARD STUDENT ACCIDENT REPORT

Name: _____ Address _____

School _____ Sex: F ___ M ___ Age: _____ Grade: _____

Time incident occurred: Hour _____ A.M. _____ P.M. Date: _____

Nature of injury: (circle) Abrasion; Amputation; Asphyxiation; Bite; Bruise; Burn; Concussion; Cut; dislocation; Fracture; Laceration; Poisoning; Puncture; Scald; Scratch; Shock; Sprain; Other _____

Part of body injured: (circle) Abdomen; Ankle; Arm; Back; Chest; Ear; Elbow; Eye; Face; Finger; Foot; Hand; Head; Knee; Leg; Mouth; Nose; Scalp; Tooth; Wrist; Other _____

Description of the incident: (Note what student was doing, how it happened; where it happened; any unsafe conditions; any tool, machine, or equipment involved.) _____

Teacher in charge: _____ Was he/she present at scene of accident? Y ___ N ___

Immediate action taken: First aid treatment ___ By _____
Sent to nurse _____ By _____
Sent home _____ By _____
Sent to doctor ___ By _____
Name of doctor _____
Sent to hospital _____ By _____
Name of hospital _____

Was parent/guardian notified? Y ___ N ___ When _____ How _____

Name of person notified _____ By whom? _____

Witnesses to incident:(give address/phone) _____

Where did incident occur: (circle) Athletic field; Auditorium; Band hall; Cafeteria; Classroom; Corridor; Dressing room; Home Ec; Laboratory; Locker; School bus; School grounds; Showers; Restroom; Other _____

Signature of supervising teacher _____ Date _____

Signature of principal _____ Date _____