

## School Accident Report Form

### GENERAL INFORMATION

School \_\_\_\_\_  Student  Employee

A. Name \_\_\_\_\_  
Last First Middle Initial

B. Grade \_\_\_\_\_ C. Age \_\_\_\_\_ D. Sex - Male   
 Position \_\_\_\_\_ - Female

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### ACCIDENT INFORMATION

A. Time of Accident \_\_\_\_\_ a.m. \_\_\_\_\_ p.m. Date \_\_\_\_\_

B. Supervised Activity?  Yes  No

C. If yes, person in charge \_\_\_\_\_

D. Nature of Injury (may be completed after medical examination)

- |                                      |   |  |                                     |
|--------------------------------------|---|--|-------------------------------------|
| 1. <input type="checkbox"/> Abrasion | 4. <input type="checkbox"/> Burn        | 7. <input type="checkbox"/> Fracture   | 10. <input type="checkbox"/> Sprain |
| 2. <input type="checkbox"/> Bruise   | 5. <input type="checkbox"/> Concussion  | 8. <input type="checkbox"/> Laceration | 11. <input type="checkbox"/> Strain |
| 3. <input type="checkbox"/> Bump     | 6. <input type="checkbox"/> Dislocation | 9. <input type="checkbox"/> Puncture   | 12. <input type="checkbox"/> Other  |

E. Part of Body Injured

**I. Head**

- 1.  Scalp
- 2.  Back
- 3.  Front
- 4.  Eyes
- 5.  Ear
- 6.  Nose
- 7.  Mouth
- 8.  Tooth
- 9.  Neck

**II. Trunk**

- 1.  Chest
- 2.  Abdomen
- 3.  Back
- 4.  Lower Arm
- 5.  Hand
- 6.  Fingers

**III. Arms**

- 1.  Shoulder
- 2.  Upper Arm
- 3.  Elbow
- 4.  Lower leg
- 5.  Foot
- 6.  Toes

**IV. Legs**

- 1.  Hip
- 2.  Upper Leg
- 3.  Knee

F. Kind of Accident (check one only)

- 1.  Animal bite or insect bite
- 2.  Collision with student (bump, etc.)
- 3.  Contact with hot or toxic substance
- 4.  Fall or slip
- 5.  Fighting
- 6.  Struck by auto, bike, etc.
- 7.  Struck by object (swing, etc.)
- 8.  Student collided with object
- 9.  Other \_\_\_\_\_

G. Where Accident Happened (check one only)

- 1.  Athletic Field
- 2.  Cafeteria
- 3.  Classroom
- 4.  Gym
- 5.  Hallway
- 6.  Playground
- 7.  Restroom
- 8.  School Bus
- 9.  Stairway
- 10.  To or from school
- 11.  Vocational/Shops/Labs
- 12.  Other \_\_\_\_\_



Adopted: 12/08/97