

ACCIDENT REPORT FORM

Part A: Information on All Accidents

1. Name: _____ Home Address: _____
2. School: _____ Sex: M ___ F ___ Age: _____ Grade: _____
3. Time accident occurred: Hour _____ AM _____ PM _____ Date: _____
4. Place of Accident: School Building ___ School Grounds ___ To or From School ___ Home ___ Elsewhere ___

5. a. Nature of Injury: Abrasion ___ Amputation ___ Asphyxiation ___ Bite ___ Bruise ___
Burn ___ Burn ___ Concussion ___ Cut ___ Dislocation ___
Fracture ___ Laceration ___ Poisoning ___ Puncture ___ Scalds ___
Scalds ___ Scratches ___ Shock ___ Sprain ___ Other (Specify) _____

5. b. Part of Body Injured: Abdomen ___ Ankle ___ Arm ___ Back ___ Chest ___ Ear ___
Elbow ___ Eye ___ Face ___ Finger ___ Foot ___
Head ___ Knee ___ Leg ___ Mouth ___ Nose ___ Scalp ___
Tooth ___ Wrist ___ Other (Specify) _____

5. c. Description of the Accident: How did accident happen? What was student doing? Where was student? List specifically unsafe acts and unsafe conditions existing. Specify any tool, machine, or equipment involved.

6. Degree of Injury: Death ___ Permanent Impairment ___ Temporary Disability ___ Non-disabling ___
7. Total Number of days lost from school: _____ (To be filled in when student returns to school)

Part B: Additional Information on School Jurisdiction Accidents

8. Teacher in charge when accident occurred (Enter Name): _____
Present at scene of accident: NO ___ YES ___

9. Immediate Action Taken: First treatment _____ by (Name): _____
Sent to school nurse _____ by (Name): _____
Sent to physician _____ by (Name): _____
Physician's Name: _____
Sent to hospital _____ by (Name): _____
Name of Hospital: _____

1. Was a parent or other individual notified? NO ___ YES ___ When: _____ How: _____
Name of individual notified: _____
By whom? (Enter name): _____
2. WITNESSES: 1. Name: _____ Address: _____
2. Name: _____ Address: _____

12. Location: Specify Activity
Athletic Field ___ Auditorium ___ Cafeteria ___ Classroom ___ Corridor ___
Dressing Room ___ Gymnasium ___ Laboratories ___ Locker ___ Pool ___
School Grounds ___ Shop ___ Showers ___ Stair ___ Toilets/Washrooms ___
Other (Specify) _____

REMARKS:
What recommendations do you have for preventing other accidents of this type?

Signed: _____
Principal Teacher