

Accident Report

Report Completed By: _____ Title: _____
 Date: _____ Telephone Number: _____

Name of School	School Principal		
Name of Injured Party	Date of Accident	Time of Accident <input type="checkbox"/> am <input type="checkbox"/> pm	
Address	Age/Birthdate	Sex	Grade or Position
Is student covered by Student Accident Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No		Status <input type="checkbox"/> Employee <input type="checkbox"/> Student <input type="checkbox"/> Visitor <input type="checkbox"/> Trespasser <input type="checkbox"/> Other describe	

Description of Accident (How did the accident happen? What was the injured person doing? What tool, machine or equipment was involved? What teacher, supervisor or administrator was responsible for the area? Who witnessed the accident?) (Attach separate sheet if needed.)

Witness	Address	Telephone #
Location	Type of Injury	Body Part(s) Affected
<input type="checkbox"/> Athletic Field <input type="checkbox"/> Maintenance Area	<input type="checkbox"/> Scratch	<input type="checkbox"/> Sprain/Strain
<input type="checkbox"/> Bus <input type="checkbox"/> Office/Lobby	<input type="checkbox"/> Fracture	<input type="checkbox"/> Cut/Puncture
<input type="checkbox"/> Bus Stop <input type="checkbox"/> Playground	<input type="checkbox"/> Bruise	<input type="checkbox"/> Choking
<input type="checkbox"/> Cafeteria <input type="checkbox"/> Restroom	<input type="checkbox"/> Burn Chemical/Heat/Carpet	<input type="checkbox"/> Poisoning/Overdose
<input type="checkbox"/> Classroom <input type="checkbox"/> Sidewalk	<input type="checkbox"/> Concussion/Head Injury	<input type="checkbox"/> Electrical Shock
<input type="checkbox"/> Hallway <input type="checkbox"/> Theater or Stage	<input type="checkbox"/> Bite - Animal/Insect/Human	<input type="checkbox"/> Dislocation
<input type="checkbox"/> Library <input type="checkbox"/> Weight Room	<input type="checkbox"/> Dizziness/Fainting	
<input type="checkbox"/> Gymnasium / Locker Room		
<input type="checkbox"/> Stairs (Inside/Outside)		
<input type="checkbox"/> Other (if off premises - specify location)	<input type="checkbox"/> Other (describe)	<input type="checkbox"/> Other (describe)

Immediate Action Taken

None

First Aid provided. Given by: _____

Medical Ambulance called. Time of Call: _____ By: _____

School Nurse notified. Time of Call: _____ By: _____

Parent/Guardian notified. Time of Call: _____ By: _____

Name of Parent/Guardian notified: _____

Parents/Guardian Telephone Number: _____ (Home) _____ (Work)

Injured person released to Self Home Class Physician Hospital Other

Time released: _____

RELATED PROCEDURE
03.14 AP.1

NOTE: This report is for record purposes only and does not constitute the admission of liability on the part of the school system or any employee thereof. A734601

For Central Office Use Only:	Forwarded to General Liability Insurance Carrier on _____
	Forwarded (as determined by Superintendent) to Board Counsel on _____