

School Injury / Accident Report Form

Information for ALL injuries

Student *Employee Vendor Visitor Date: _____

Name: _____ Address: _____ Phone: _____

School: _____ Sex: M F Age: _____ Grade/Classification: _____

Time accident occurred: _____:_____ AM PM Place of Accident: School Building School Grounds To/From School

Off Premises Address: _____

*(If injured is an employee, a Form 45 must still be completed.)

Cause of Injury	Description of the Injury																						
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Part of Body

Arm <input type="checkbox"/>	Back <input type="checkbox"/>	Eye <input type="checkbox"/>	Foot <input type="checkbox"/>	Ankle <input type="checkbox"/>	Mental <input type="checkbox"/>	Torso/Trunk <input type="checkbox"/>
Groin <input type="checkbox"/>	Head/Face <input type="checkbox"/>	Internal <input type="checkbox"/>	Knee <input type="checkbox"/>	Leg <input type="checkbox"/>	Respiratory <input type="checkbox"/>	Wrist/hand <input type="checkbox"/>
Other: _____						

Additional Information on School Jurisdiction Injuries

Teacher(s) or staff member(s) in charge when accident/injury occurred. Name(s): _____

Present at scene of accident/incident: Yes No

Immediate Action Taken

First-aid treatment	<input type="checkbox"/> By (Name): _____
Sent to school nurse	<input type="checkbox"/> By (Name): _____
Sent home	<input type="checkbox"/> By (Name): _____
Sent to physician	<input type="checkbox"/> By (Name): _____
	Physician's Name: _____
Sent to hospital	<input type="checkbox"/> By (Name): _____
	Name of Hospital: _____

Notification

Was a parent/spouse/other notified? Yes No

When: _____

How: _____

Name of individual notified: _____

By whom? (Enter name) _____

Witnesses

1. Name: _____ Addresses: _____ Phone: _____

2. Name: _____ Addresses: _____ Phone: _____

Location

Athletic Field

Parking Lot

Vocational Shop

Which Shop _____

Home Economics

Locker room

Restroom

Classroom

Science Lab

Sidewalk

Stairs

Cafeteria

Pool

Gymnasium

Off Premises: _____

Auditorium

Playground

Corridor

School Bus

Other (specify whether field trip, athletic event, co-op site, etc.): _____

What suggestion do you have for preventing other accidents of this type?

Signatures

Principal: _____ Date: _____

Teacher or Staff Member: _____ Date: _____