ACCIDENT REPORT FORM

SCHOOL DISTRICT

PERSON COMPLETING FORM

TO BE USED FOR ALL ACCIDENTS

NAME	HOME ADDRESS		TIME OF ACCIDENT		
SCHOOL		GENDER	F AGE GRADE	_ DATE	
POSITION OF PERSON INVOLVED: STUDENT S/D EMPLOYEE VISITOR OTHER					
NATURE OF INJURY (CHECK ALL THAT APPLY)	BODY PART INJURED	LOCATION	SPECIFY SCHOO	L ACTIVITY	
ACCIDENTAL ACCIDENTAL CONTACT ANIMAL BITE/STING ASSAULT ASSAULT W/ WEAPON ATHLETIC INJURY (AFTER SCHOOL) BIO-HAZARD EXPOSURE BURN/SCALD CHEMICAL EXPOSURE CHIPPED TOOTH CHOKING ELECTRICAL INJURY EYE INJURY FALL FROM ELEVATED SURFACE FRACTURE	ANKLE	AUDITORIUM BUS/BUS STOP CAFETERIA CLASSROOM GYMNASIUM HALLWAY LIBRARY LOCKER ROOM OFF CAMPUS	IF ACCIDENT WAS THE RESULT OF A MACHINE OR EQUIPMENT FAILURE SPECIFY THE FAILURE IN DETAIL		
	HAND	PARKING LOT PLAYGROUND RESTROOM SCHOOL GROUNDS SHOP FIELD	DOES THE STUDENT CARRY	NUMBER OF DAYS	
HIT BY FOREIGN OBJECT HORSEPLAY HUMAN BITE	WRIST OTHER	OTHER	SCHOOL ACCIDENT INSURANCE YES NO	MISSED FROM SCHOOL	
ILLNESS CACERATION CACERATI	NAME OF SUPERVISOR IN CHARGE WHEN ACCIDENT OCCURRED PHONE NUMBER WAS SUPERVISOR PRESENT AT TIME OF ACCIDENT?				
ACTION TAKEN	BY WHOM		SPECIFY	ACTION TAKEN	
FIRST AID TREATMENT SENT TO SCHOOL NURSE AMBULANCE CALLED SENT TO HOSPITAL NO TREATMENT CALLED PARENT/GUARDIAN SENT HOME OTHER					
WITNESSES					
NAME	ADDRESS		PHONE		
NAME ADDI		SS	PHONE	PHONE	
Superintendent's Signature		RIPTION OF ACCIDEN REVERSE SIDE IF NECESSARY			
		Juic			