

# STUDENT ACCIDENT REPORT

**CONFIDENTIAL**

(For District Use Only) Note: The school employee either witnessing the accident or supervising at the time should complete and submit this form within 24 hours – with the assistance of the site nurse/health assistant, as applicable, on items 10 thru 17.

IN CASE OF SERIOUS INJURY, A TELEPHONE REPORT IS TO BE MADE IMMEDIATELY TO THE OFFICE OF RISK MANAGEMENT, 786-2140.

1. School  Date and Time of Accident

2. Injured Student's Name  Gender  Age  Grade

3. Home address  Phone number(s)

4. Location of accident: School Building  Grounds  School Bus  Other

Specifics of location/equipment/structures/involved

5. Describe accident in detail (**REQUIRED**) – What was student doing? List any specific acts by other individuals, or conditions, that led to accident. Include any tools, machinery, equipment, or instruments involved.

Actions needed or taken to prevent like incidents in future?

6. Who was supervising students at the time of the accident? (name & contact info)

Was he/she present at the time of the accident?

7. Did the injured violate any school rules? Yes  No

Explain:

8. Witness(es) - name, address, and contact information

9. Apparent nature of Injury at time of report :

Abrasion  Cut  Laceration  Scratches  Puncture

Burn  Bite  Teeth  Bruising/  
Swelling  Loss of  
Consciousness

Possible: Strain/Sprain  Dislocation  Concussion  Fracture

Other (specify)

10. Part(s) of Body injured: Head  Neck  Back  Finger  Arm  Leg  Face

Eye  Abdomen  Hand  Foot  Knee

Other (describe and indicate left or right as applicable)

11. Was First Aid administered? Yes or No

What was done?

12. Forms or guidance given to parent/guardian (what, by whom)

13. Disposition of injured after accident: Class  Home  Doctor  Hospital  911 called

Via ambulance  Transported by

14. Who was notified?

Relationship to injured:

15. If student left school, to whom released and relationship to injured:

16. Did parent/guardian contact the school again after the accident? Yes  No

17. Accident report completed by  Title

18. Site Administration name  Title