

INCIDENT/ACCIDENT REPORT FORM

Report Date: ____/____/____
mm dd yy

1. Name: _____

2. Sex: 1 Male Grade:___ Age:___ Incident Date:___/___/___ Time:___:___ am pm 01 Before School Hrs.
2 Female mm dd yy 02 During School Hrs.
Day: SU M T W TH F S 03 After School Hrs.
1 2 3 4 5 6 7 04 School Not in Session

3. School Building Name _____ Level: ES MS HS
Where Incident Occurred: _____
(CIRCLE FIRST APPLICABLE ONE) (CIRCLE ONE)

<u>4. Place of Incident</u>	<u>5. Source of Injury</u>	<u>6. Nature of Injury</u>	<u>7. Body Part Injured</u>
01 Phys Ed Class - Indoors	01 Children Fighting	01 Abrasion	01 Abdomen
02 Phys Ed Class - Outdoors	02 Horseplay	02 Amputated	02 Ankle
03 Organized Athletics - Home	03 Sharp Objects	03 Asphyxiated	03 Arm
04 Organized Athletics - Away	04 Falling/Flying Objects	04 Bite	04 Back
05 Gymnasium	05 Gynastics/Equipment	05 Bruise	05 Chest
06 Locker Room	06 Specialized Creative Apparatus	06 Bumped	06 Ear
07 Swimming Pool	07 Phys Ed Equipment	07 Burn	07 Elbow
08 Science Lab #_____	08 Machinery/Equipment	08 Concussion	08 Eye
09 Manual/Industrial Arts	09 Bee Sting/Animal Bite	09 Contusion	09 Face
10 Home Economics	10 Door/Window/Hatch etc.	10 Crushed/Pinched	10 Finger
11 Auditorium	11 Hot Surface	11 Dislocated	11 Foot
12 Library	12 Electricity	12 Fractured/Broken	12 Groin
13 Restroom	13 Chemical/Paint/Fumes/Dust	13 Frozen	13 Hand
14 Classroom/Office #_____	14 Stairways	14 Hernia	14 Head
15 Halls	15 Fire/Smoke/Flame/Flash	15 Infected	15 Heart
16 Stairways	16 Vandalism	16 Irritated	16 Hip
17 Playground	17 Structural Failure/Collapse	17 Cut	17 Knee
18 Parking Lots	18 Falls/Slips	18 Scratch	18 Leg
19 School Grounds	19 Unintentional Act	19 Inflamed/Swollen	19 Lung
20 Cafeteria	20 Condition of Premises - Interior	20 Lacerated	20 Neck
21 Bus: #_____	21 Condition of Premises - Exterior	21 Overexerted	21 Pelvis
22 Automobile	22 Furniture (Desk, Chair, locker, etc.)	22 Poisoned	22 Scalp
23 Extracurricular Activity (non-sporting)	23 Wall	23 Punctured	23 Shoulder
24 Other Off-Premises (field/trip, to school, etc.)	50 Other_____	24 Sprained/Strained	24 Teeth/Mouth/Jaw
50 Other _____	70 Unknown	25 Shock/Trauma	25 Toe
		26 Chipped	26 Wrist
		50 Other _____	27 Multiple
		60 No Injury	28 Nose
		70 Unspecified Injury	50 Other _____
			60 No Injury

8. At time of Incident:
Name of Staff in Charge: _____ Incident Witnessed? Y N

9. Narrative Description of Incident: *(Use back of form if needed)*

Supplemental Information - Accident**

Name of Parent/Guardian _____

Address _____	Telephone # _____
---------------	-------------------

Witnesses: Name _____ Name _____

Address _____ Address _____

Telephone _____ Telephone _____

Were the following called? If Yes: _____ Was the Injured taken anywhere? Y N

Parent		Y	N	Name _____	If yes: By Whom _____
--------	--	---	---	------------	-----------------------

Physician	Y	N	Name _____	By What Means _____
------------------	----------	----------	-------------------	----------------------------

Ambulance Y N Name _____ Where _____

First Aid Rendered: _____

Date _____

Person Completing This Form _____

**** An Accident is an incident where the injury to the individual is deemed to be more serious than a simple abrasion, contusion or laceration and which may need further investigation.**