

INJURY OR ACCIDENT REPORT

Report **ALL** accidents involving students occurring anywhere, day or night.

1. Name: _____ Home Address: _____				
2. School: _____ Sex: ___ M ___ F ___ Age: _____ Grade: _____				
3. Time Accident Occurred: Hour _____ A.M. _____ P.M. Date: _____				
4. Place of Accident: School Building _____ School Grounds _____ To or From School _____ Home _____ Elsewhere _____				
5. Insurance: Yes _____ No _____ Type _____				
NATURE OF INJURY	6. Abrasion _____ Fracture _____ Amputation _____ Laceration _____ Asphyxiation _____ Poisoning _____ Bite _____ Puncture _____ Bruise _____ Scalds _____ Burn _____ Scratches _____ Concussion _____ Shock (el) _____ Cut _____ Sprain _____ Dislocation _____ Other (specify) _____			
	9. DESCRIPTION OF ACCIDENT How did accident happen? What was student doing? Where was student? List specifically unsafe acts and unsafe conditions existing. Specify any tools, machine or equipment involved. _____ _____ _____ _____ _____ _____ _____ _____ _____ _____			
	PART OF BODY INJURED	7. Abdomen _____ Foot _____ Ankle _____ Hand _____ Arm _____ Head _____ Back _____ Knee _____ Chest _____ Leg _____ Ear _____ Mouth _____ Elbow _____ Nose _____ Eye _____ Scalp _____ Face _____ Tooth _____ Finger _____ Wrist _____ Other (specify) _____		
		8. Total Number of Days Lost From School: _____ (To be filled in when student returns to school)		
		Part B Additional Information on School Jurisdiction Accidents		
		10. Person in charge when accident occurred (enter name): _____ Present at scene of accident: No _____ Yes _____		
		IMMEDIATE ACTION TAKEN	11. First-aid treatment _____ By (Name): _____ Sent to school nurse _____ By (Name): _____ Taken home _____ By (Name): _____ Referred to physician _____ By (Name): _____ Physician's (Name): _____ Sent to hospital _____ By (Name): _____ Name of Hospital : _____	
			12. Was a parent or other individual notified? No _____ Yes _____ When: _____ How: _____ Name of individual notified: _____ By Whom? (Enter Name): _____	
			13. Witnesses: 1. Name: _____ Address: _____ 2. Name: _____ Address: _____	
			LOCATION	14. SPECIFY FIELD Athletic Field _____ Locker _____ Auditorium _____ Pool _____ Cafeteria _____ School Grounds _____ Classroom _____ Shop _____ Corridor _____ Showers _____ Dressing Room _____ Stairs _____ Gymnasium _____ Toilets & Washroom _____ Home Ec. _____ Laboratories _____ Other (specify) _____
15. REMARKS What recommendations do you have for preventing other accidents of this type? _____ _____ _____ _____ _____ _____				
Signed: Principal: _____ School Employee Reporting: _____				

ADDITIONAL COMMENTS: _____

