

INJURY OR ACCIDENT REPORT

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

| | | | | | | | |
|---|---|--|---|--|--|--|--|
| 1. Name: _____ | | Home Address: _____ | | | | | |
| 2. School: _____ | | Sex: <input type="checkbox"/> M <input type="checkbox"/> 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 | Abrasions _____ | Fracture _____ | 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. | | | | |
| | Amputation _____ | Laceration _____ | | | | | |
| | Asphyxiation _____ | Poisoning _____ | | | | | |
| | Bite _____ | Puncture _____ | | | | | |
| | Bruise _____ | Scalds _____ | | | | | |
| | Burn _____ | Scratches _____ | | | | | |
| | Concussion _____ | Shock (el) _____ | | | | | |
| | Cut _____ | Sprain _____ | | | | | |
| | Dislocation _____ | | | | | | |
| | Other (specify) _____ | | | | | | |
| PART OF BODY INJURED | 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 | 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 | | 15. REMARKS What recommendations do you have for preventing other accidents of this type? | | | | |
| | Athletic Field _____ | Locker _____ | | | | | |
| | Auditorium _____ | Pool _____ | | | | | |
| | Cafeteria _____ | School Grounds _____ | | | | | |
| | Classroom _____ | Shop _____ | | | | | |
| | Corridor _____ | Showers _____ | | | | | |
| | Dressing Room _____ | Stairs _____ | | | | | |
| | Gymnasium _____ | Toilets & Washroom _____ | | | | | |
| | Home Ec. _____ | Laboratories _____ | | | | | |
| | Other (specify) _____ | | | | | | |
| Signed: Principal: _____ | | School Employee Reporting: _____ | | | | | |

ADDITIONAL COMMENTS: _____