



Standard Student Accident Report Form

1. Student Name: _____ Home Address: _____

2. School: _____ Sex: M F Age: ____ Grade or Classification _____

3. Time accident occurred: ____ A.M. ____ P.M. Date accident occurred: _____

4. Place of Accident: School Building School Grounds To or from School Home Elsewhere

5. NATURE OF INJURY	Abrasion _____ Fracture _____ Amputation _____ Laceration _____ Bruise _____ Puncture _____ Burn _____ Scratches _____ Concussion _____ Sprain _____ Cut _____ Other (specify) _____	Description of the Accident How did accident happen? What was student doing? Where was student? List specifically unsafe acts and unsafe conditions existing. Specify any tool, machine or equipment involved.																
	<table border="0"> <tr><td>Ankle _____</td><td>Hand _____</td></tr> <tr><td>Arm _____</td><td>Head _____</td></tr> <tr><td>Back _____</td><td>Knee _____</td></tr> <tr><td>Elbow _____</td><td>Leg _____</td></tr> <tr><td>Eye _____</td><td>Nose _____</td></tr> <tr><td>Face _____</td><td>Scalp _____</td></tr> <tr><td>Finger _____</td><td>Tooth _____</td></tr> <tr><td>Foot _____</td><td>Wrist _____</td></tr> <tr><td colspan="2">Other (specify) _____</td></tr> </table>		Ankle _____	Hand _____	Arm _____	Head _____	Back _____	Knee _____	Elbow _____	Leg _____	Eye _____	Nose _____	Face _____	Scalp _____	Finger _____	Tooth _____	Foot _____	Wrist _____
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Foot _____	Wrist _____																	
Other (specify) _____																		

6. Degree of Injury: Death Permanent Impairment Other

Part B. Additional Information School Jurisdiction Accidents

7. Is accident covered by insurance? Yes _____ No _____ What company _____

8. Teacher in charge when accident occurred (Enter name): _____
Present at scene of accident: No _____ Yes _____

9. IMMEDIATE ACTION TAKEN	First-aid treatment _____ By (Name): _____
	Sent to school nurse _____ By (Name): _____
	Sent home _____ By (Name): _____
	Sent to physician _____ By (Name): _____ Physician's Name: _____
	Sent to hospital _____ By (Name): _____ Name of hospital: _____

10. Was a parent or other individual notified? No _____ Yes _____ When: _____ How: _____
Name of individual notified: _____
By whom? (Enter name): _____

11. LOCATION	Specify Activity	Remarks What recommendations do you have for preventing other accidents of this type?
	Athletic field _____	
	Auditorium _____	
	Classroom _____	
	Corridor _____	
	Dressing room _____	
	Gymnasium _____	
	Home Econ. _____	
	Laboratories _____	
	Sch. grounds _____	
	_____ shop _____	
	Showers _____	
	Stairs _____	
	Other _____	