# School Accident Report Form

## GENERAL INFORMATION

School _____________________________________________________________________ Student ○ Employee ○

A. Name ________________________________________________ Last First Middle Initial

B. Grade _______ Position ________________________ C. Age ____________ D. Sex - Male ○ - Female ○

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## ACCIDENT INFORMATION

A. Time of Accident _____ a.m. _____ p.m. Date ________________

B. Supervised Activity? ○ Yes ○ No

C. If yes, person in charge __________________________________________________________________________

D. Nature of Injury (may be completed after medical examination)


E. Part of Body Injured

<table>
<thead>
<tr>
<th>I. Head</th>
<th>II. Trunk</th>
<th>III. Arms</th>
<th>IV. Legs</th>
</tr>
</thead>
<tbody>
<tr>
<td>4. ○ Eyes</td>
<td>4. ○ Lower Arm</td>
<td>4. ○ Lower Leg</td>
<td></td>
</tr>
<tr>
<td>5. ○ Ear</td>
<td>5. ○ Hand</td>
<td>5. ○ Foot</td>
<td></td>
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<tr>
<td>7. ○ Mouth</td>
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<tr>
<td>8. ○ Tooth</td>
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<tr>
<td>9. ○ Neck</td>
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</tbody>
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F. Kind of Accident (1)

1. ○ Animal bite or insect bite
2. ○ Collision with student (bump, etc.)
3. ○ Contact with hot or toxic substance
4. ○ Fall or slip
5. ○ Fighting
6. ○ Struck by auto, bike, etc.
7. ○ Struck by object (swing, etc.)
8. ○ Student collided with object
9. ○ Other ________________

G. Where Accident Happened (1)

1. ○ Athletic Field
2. ○ Cafeteria
3. ○ Classroom
4. ○ Gym
5. ○ Hallway
6. ○ Playground
7. ○ Restroom
8. ○ School Bus
9. ○ Stairway
10. ○ To or from school
11. ○ Vocational/Shops/Labs
12. ○ Other ________________
CONTRIBUTING CAUSES
A. Environmental Factors (1)
   1. Crowding
   2. Doors
   3. Drinking fountain
   4. Equipment
   5. Floors
   6. Hard surface
   7. Lighting
   8. No handrail
   9. Weather
   10. Other __________________________

B. Human Factors (1)
   1. Active game
   2. Fatigue
   3. Fighting
   4. Horseplay
   5. Lack of training/experience
   6. Preoccupation
   7. Running
   8. Violation of rules
   9. Other __________________________

C. Agents (1)
   1. Animal or insect
   2. Electricity
   3. Fire
   4. Gases
   5. Liquids
   6. Recreation equipment
   7. Pencil
   8. School equipment
   9. Vehicle
   10. Other __________________________

ACCIDENT DESCRIPTION
Describe the accident in your own words. Please give all details so that this accident report may be used to prevent other similar accidents.

POST-ACCIDENT INFORMATION
A. Was first aid given?  O Yes  O No  By Whom: ______________________________________
   Description of first aid: ____________________________________________________________

B. Was parent or other responsible person notified?  O Yes  O No  By whom: __________________________
   If no, explain ________________________________________________________________

C. Advised on tetanus immunization?  O Yes  O No

D. O Injured, sent home. If so, was he/she accompanied?  O Yes  O No
   O Injured, sent to physician. Name of physician _________________________________
   O Injured, sent to emergency room. Name of hospital __________________________

E. Days absent from school or work __________________________

ACTION TAKEN
A. Instructional
   1. O Discussed at staff meeting
   2. O Discussed in each class as part of regular instruction
   3. O Discussed with parent
   4. O Personal instruction given to injured
   5. O Personal instruction given to person in charge
   6. O Presented as a subject of assembly program

B. Policy or Corrective Action
   1. O Environmental changes affected
   2. O Notified school safety committee
   3. O Safety rules amended to prevent recurrence
   4. O Safety specialist visit to assist in safety program
   5. O Suggest closer supervision
   6. O Other __________________________
   7. O No action taken

Signed: ____________________________  Title: ____________________________

Other Witnesses: ____________________________________________________________________