

Freshwater Education District
Student Accident Report Form



GENERAL INFORMATION

School _____ Date Submitted _____

Student Name _____ Grade _____ Sex: ___ M ___ F

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

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ACCIDENT INFORMATION

Time of Accident ___ a.m. ___ p.m. Date of Accident _____ Supervised Activity ___ Yes ___ No

If yes, person in charge _____

Nature of Injury (may be completed after medical examination)

Abrasion	[]	Fracture	[]	Bruise	[]	Bump	[]
Burn	[]	Concussion	[]	Dislocation	[]	Lacerations/Cut	[]
Puncture	[]	Sprain	[]	Strain	[]	Amputation	[]
Asphyxiation	[]	Bite	[]	Dislocation	[]	Poisoning	[]
Scratches	[]	Sprain	[]	Other:	_____		[]

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): _____ []

Description of the Accident

How did it happen? What was the student doing? Where was the student? List specifically unsafe acts and unsafe conditions existing. Specify any tool, machine or equipment involved.

Total number of days lost from school: _____ (To be filled in when student returns to school)

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): _____

Physician's Name: _____

Was a parent or other individual notified? No [] Yes [] When: _____ How: _____ By whom? _____

Name of individual notified: _____

Witnesses: Name: _____ Address: _____

Name: _____ Address: _____

Location of Activity _____

Specific Activity _____

Signed Lead Teacher/Superintendent _____ **Teacher:** _____

Date _____

Date _____