White Bear Lake Area Schools
Student Injury/Accident Report Form

Name: ____________________________

School: __________________________

Grade: ___________ Date of Accident: ___________

Time of Accident: ___________

Cause of Injury:  
- Animal/Insect
- Auto/Bike
- Auto/Pedestrian
- Chemical
- Collision
- Cutting Object
- Door
- Drugs
- Electrical
- Explosion
- Fall/Slip
- Falling Object
- Fight/Assault
- Fire/Heat
- Lifting
- Pencil/Pen
- Poison
- Running/Jumping
- Thrown Object(s)
- Other: ____________

Nature of Injury:  
- Abrasion/Scrape
- Bite/Sting
- Bruise/Bump
- Burn
- Dislocation
- Foreign Body
- Fracture
- Head Injury
- Ingestion
- Laceration/Cut
- Poisoning
- Puncture
- Shock
- Sprain/Strain
- Other: ____________

Location:  
- Athletic Field
- Auditorium
- Cafeteria
- Classroom (# ________)
- FACS
- Field Trip
- Gymnasium
- Hallway
- Ice Rink
- Laboratory
- Locker Room
- Locker
- Restroom
- School Bus
- Sidewalk
- Stairs
- Playground Area/School Grounds
- Playground Equipment
- Other: ____________

Part of Body Involved:  
- Head*
- Arms (specify R or L)
  - Scalp
  - Shoulder
  - Face
  - Upper Arm
  - Eye
  - Elbow
  - Ear
  - Lower Arm
  - Mouth
  - Wrist
  - Tooth
  - Finger(s)
  - Nose
  - Hand
  - Neck
- *If any head injury, complete head injury form

- Trunk
  - Chest/Rib
  - Hip
  - Abdomen
  - Thigh/Upper Leg
  - Back
  - Knee
  - Groin
  - Lower Leg
  - Ankle
  - Foot
  - Toes

Description of Incident: _____________________________________________________________

Witness(es): ____________________________________________________________

Description of Injury: _____________________________________________________________

Description of First Aid Provided: __________________________________________________

First Aid Given By: __________________________________________ Title: ________________

Action(s) Taken:  
- parent/guardian notified
- returned to class
- sent home
- sent to physician/clinic
- ambulance/sent to hospital
- notified administration (name/date/time):

Person Completing the Report: __________________________________ Title: ________________

*Statement of Staff Member and Student and instructions on what to do with completed form on back.

Updated 10/3/2016
Statement of teacher/staff member concerning how the incident / accident occurred:
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Did the student follow safety rules?  __ Yes  __ No  __ Not Applicable
Was protective equipment worn?  __ Yes  __ No  __ Not Applicable

Signature of Teacher/Staff Member: ________________________________  Date

Statement of Student concerning how the incident / accident occurred:
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Signature of Student: ________________________________  Date

* File original form in student’s health file in health office. Make copy and give to building administrator, if requested.