

JOHNSON CITY SCHOOLS

STUDENT ACCIDENT / INJURY REPORT

Student Name _____ Student DOB _____

School _____ Teacher _____ Grade _____

Date of Accident: _____ Time of Accident: _____

Description of Accident: _____

Place of Accident

Nature of Accident

Body Part Injured

— Bus	— Respiratory Emergency	— Abdomen	— Foot
— Hallway	— Cardiac Emergency	— Ankle	— Hand
— Classroom	— Heat Related Emergency	— Arm	— Head
— Play/School Ground	— Anaphylaxis	— Back	— Knee
— P.E. Class	— Fracture/Sprain/Strain	— Chest	— Leg
— Shop	— Burn	— Ear	— Nose
— Rest Room	— Laceration	— Elbow	— Wrist
— Cafeteria	— Fall	— Eye	
— Athletic Event			
— other (explain) _____	other (explain) _____	other (explain) _____	

Name of Parent, Guardian or Notified Party _____ Date of Notification _____

Method of Notification: ☐ Phone ☐ Letter ☐ Email ☐ Home Visit ☐ Other _____

Staff in charge when injury occurred: Name _____ Contact Information _____

Witness: Name _____ Contact Information _____

Name of Administrator Notified _____

Injury with bleeding ☐ Yes ☐ No

Universal Standard Precautions Used ☐ Yes ☐ No

Responder exposed to blood and/or body fluids ☐ Yes ☐ No

Exposure incident reported ☐ Yes ☐ No

Emergency Medical (911): Time Notified _____ Time of Response _____

If injured student was transported were they accompanied by a school staff member? ☐ Yes ☐ No

Copy of Student Emergency Card sent with injured person ☐ Yes ☐ No

Signature of Person filing report: _____ Phone: _____

Note: Reports should be filed with the Superintendent of Schools immediately.

For Office Use Only:

Distribution of Accident Form: ☐ Superintendent of Schools ☐ School ☐ Other ☐ Risk Management