MONTGOMERY COUNTY
AREA TECHNOLOGY CENTER

Student Accident/Incident Report

Student Name	Grade	Sex
		☐ Male ☐ Female

Home Address	City	State	Zip

School	Date of Accident/Injury	Time of Accident/Injury	Date/Time Reported
Montgomery County High		PM	☐ Check to indicate delayed report.

Nature of Accident

☐ Abrasion
☐ Amputation
☐ Bruise
☐ Burn
☐ Concussion
☐ Cut
☐ Other
☐ Fracture
☐ Head Injury
☐ Laceration
☐ Puncture
☐ Scratches
☐ Sprain

Place of Accident

☐ Classroom
☐ Lab
☐ Hallway
☐ Stairway
☐ Restroom
☐ Cafeteria
☐ Athletic Field specify
☐ Other specify
☐ Gymnasium
☐ Playground
☐ School Grounds
☐ Field Trip
☐ Bus

Part of Body Injured

☐ Ankle
☐ Arm
☐ Back
☐ Ear
☐ Elbow
☐ Eye
☐ Face
☐ Finger
☐ Foot
☐ Other
specify
☐ Hand
☐ Head
☐ Knee
☐ Leg
☐ Mouth
☐ Nose
☐ Toe
☐ Tooth
☐ Wrist

Was a parent/guardian notified? ☐ Yes ☐ No If no, why?

Name of parent/guardian contacted:

Treatment

☐ None
☐ First Aid – Basic
☐ First Aid – Advanced (EMT/Para)
☐ Physician
☐ Urgent Treatment Center/Clinic
☐ Emergency Room

Provider

☐ ATC Staff
☐ Parent/Guardian
☐ Public Safety Personnel
☐ Coaching Staff
☐ School Nurse
Name(s) of Providers:

Degree of Injury

☐ Minor
☐ Serious – Not Permanent
☐ Permanent
☐ Death
☐ Unknown

Describe nature of the injury, treatment and/or disposition

Description of action/event that lead or contributed to the accident/injury. Specifically list any unsafe acts or unsafe conditions. Specify any tools, machines, or equipment involved.

Were proper machine guards in place? Yes
Was accident caused by faulty equipment? Yes
Was the accident the result of grounds/facility maintenance related issue? Yes

Was instructor present at time of accident? Yes
Was individual doing assigned work? Yes
Was individual using safety equipment? Yes
Was individual given safety orientation? Yes

Submitted Staff Name: Select
Date:

Admin. Review
Reviewer Name: Date:
Action(s)

Clear Form | Print Form | Submit Form to Admin

Additional Information

List any witnesses here:

Additional Notes:

Additional Admin Notes/Comments: