



Gresham-Barlow School District No. 10 Jt.

ACCIDENT/INCIDENT REPORT

Student Parent Volunteer Vendor Other: _____

School _____ Date of Incident _____ Time _____ am pm

Student Name _____ Date of Birth _____ Grade _____

Staff Member Present _____

Parent or Responsible Person Notified: _____ Date _____ Time _____ am pm

Witness _____ Email _____

Witness _____ Email _____

First Aid By _____

Professional Medical Treatment By _____ Hospital taken to: _____

How Did Accident/Incident Happen? Please list only the facts known at the time.

Signature of Person Preparing Report _____ Title _____

Circle what pertains to injury:

Location of Accident	Anatomical Location	Nature of Injury	To or From School	PE/Recess Athletics	Procedures Performed	SCHOOL PRINCIPAL
01 Ball Field 02 Blacktop 03 Bus 04 Cafeteria 05 Classroom 06 Corridor/ Hallway 07 Field/Grass 08 Gymnasium 09 Homemaking 10 Laboratory 11 Off Campus 12 Outdoor School 13 Playground 14 Pool 15 School- Grounds 16 Shop 17 Shower/ Dressing Rms 18 Stairway 19 Toilet/ Washroom 20 Track 21 Weight Room 22 Other	01 Abdomen 02 Ankle 03 Arm 04 Back 05 Chest 06 Ear 07 Elbow 08 Eye 09 Face 10 Finger 11 Foot 12 Hand 13 Head 14 Knee 15 Leg 16 Mouth 17 Neck 21 Wrist 22 Other	01 Abrasion 02 Bite (Animal) (Human) 03 Bruise 04 Burn 05 Concussion 06 Dislocation 07 Fracture 08 Laceration 09 Puncture 10 Sprain 11 Tooth 12 Other	01 Auto-Bicycle 02 Auto-Driver 03 Auto- Passenger 04 Auto- Pedestrian 05 Bicycle (Fall) 06 Bus 07 Motor Scooter <u>Pedestrian Fall</u> 08 Pre-School 09 Post-School 10 School Bus 11 Unsupervised 12 Skateboard 13 Other	01 Apparatus 02 Baseball/ Softball 03 Basketball 04 Cheer 05 Cross- country 06 Dance 07 Exercise 08 Fitness Test 09 Football 10 Games 11 Golf 12 Kickball 13 Skiing 14 Soccer 15 Softball 16 Swimming 17 Tennis 18 Track / Field 19 Volleyball 20 Water Polo 21 Wrestling 22 Weight Training 23 Other	01 Spill Washed With Soap o Disinfectant 02 Clothing/Uniform Washed With Soap or Disinfectant 03 Wound Washed With Soap or Disinfectant 04 Clothing/Uniform Changed 05 Bleeding Stopped 06 Bandage or Dressing Applied 07 Used Supplies Disposed of According to Procedures 08 Student Removed From Activity 09 Ice Applied 10 Immobilization of Injured Area 11 Elevation of Injured Area 12 Pressure to Wound 13 Treated for Shock 14 Flushing of Eye or Skin 15 Sent Home 16 Other	<u>To the Principal:</u> Please confirm that the requested information above is complete and specific detail are reported at the left by circling the numbers that apply; there should be at least one number from each column to complete this report. Note: There are blank lines below to report anything not included in the list. Please make certain you identify those items by explaining them in your written report that is to accompany this form. <hr/> <p align="center">Signature</p>

Due to the nature of the situation, this form must be filled out & sent to the administrative assistant of the CFO within two business (2) days of the date of the accident/incident.

Send the original to the Business Office. Your School must maintain a copy on-site for 3 years.