NORTH TONAWANDA CITY SCHOOL DISTRICT 7520F

SCHOOL ACCIDENT REPORT

Forward original to NTCSD Business Office
Retain copy in School Health Office to be filed in student folder.

1. *NAME* _____ *INCIDENT #*_____ *REPORT DATE* _____

2. *SEX: M____ F____ GRADE_____ AGE_____ Incident Date_____ Incident Time_____ A.M. / P.M.*

3. *SCHOOL BUILDING WHERE ACCIDENT OCCURRED* _____ *CODE #*_____
   Code: 01 Before School Hours 02 During School Hours 03 After School Hours 04 School Not in Session

4. *PLACE OF INCIDENT:* (Circle First Applicable One)

01 Phys Ed Class-Indoors	08 Science Labs:#_____	15 Halls	22 Automobile
02 Phys Ed Class-Outdoors	09 Technology	16 Stairways	23 Extracurricular Activity (non-sporting)
03 Organized Athletics-Home	10 FACS	17 Playground	24 Other Off-Premises
04 Organized Athletics-Away	11 Auditorium	18 Parking Lots	(field, class trip, to school, etc.)
05 Gymnasium	12 Library	19 School Grounds	50 Other _____
06 Locker Room	13 Restroom	20 Cafeteria	_____
07 Swimming Pool	14 Classroom/Office:#_____	21 Bus:# _____	

5. *SOURCE OF INJURY:*

01 Children Fighting	07 Phys Ed Equipment	14 Stairways	21 Condition of Premises-Exterior
02 Horseplay	08 Machinery/Equipment	15 Fire/Smoke/Flame/Flash	22 Furniture (desk/chair/locker, etc.)
03 Sharp Objects	09 Bee Sting/Animal Bite	16 Vandalism	23 Wall
04 Falling/Flying Objects	10 Door/Window/Hatch etc.	17 Structural Failure/Collapse	50 Other _____
05 Gymnastics/Equipment	11 Hot Surface	18 Falls/Slips	70 Unknown
06 Specialized/Creative Apparatus	12 Electricity	19 Unintentional Act	
	13 Chemicals/Paint/Fumes/Dust	20 Condition of Premises-Interior	

6. *NATURE OF INJURY:*

01 Abrasion	07 Burn	13 Frozen	19 Inflamed/Swollen	25 Shock/Trauma
02 Amputated	08 Concussion	14 Hernia	20 Lacerated	26 Chipped
03 Asphyxiated	09 Contusion	15 Infected	21 Overexerted	27 Red Area
04 Bite	10 Crushed/Pinched	16 Irritated	22 Poisoned	50 Other _____
05 Bruise	11 Dislocated	17 Cut	23 Punctured	_____
06 Bump	12 Fractured/Broken	18 Scratch	24 Sprained/Strained	60 No Injury
				70 Unspecified Injury

7. *BODY PART INJURED:*

01 Abdomen	07 Elbow	13 Hand	19 Lung	25 Toe
02 Ankle	08 Eye	14 Head	20 Neck	26 Wrist
03 Arm	09 Face	15 Heart	21 Pelvis	27 Multiple
04 Back	10 Finger	16 Hip	22 Scalp	28 Nose
05 Chest	11 Foot	17 Knee	23 Shoulder	50 Other:_____
06 Ear	12 Groin	18 Leg	24 Teeth/Mouth/Jaw	60 No Injury

8. *SUPERVISOR IN CHARGE AT TIME OF INCIDENT* _____

   INCIDENT WITNESSED? Yes _____ *No* _____

9. *NARRATIVE DESCRIPTION OF INCIDENT: (*Attach additional page, if needed)

SUPPLEMENTAL INFORMATION – ACCIDENTS**

Name of Parent/Guardian _____

Address _____ Phone _____

Witnesses Name _____ Name _____
Address _____ Address _____
Phone _____ Phone _____

Were the following called? If yes:
Parent Yes No Name _____
Physician Yes No Name _____
Ambulance Yes No Name _____

Was the injured taken anywhere? Yes No
If yes: By whom _____
If yes: By what means _____
If yes: Where _____

First Aid Rendered_____
_____
_____
_____
_____
_____

_____Recommend follow-up with PMD if needed _____Head Injury Sheet given to parent/guardian

Physical Assessment As Appropriate (check if within normal limits)
_____A+Ox3
_____PEARL
_____B/P _____
_____ROJM _____
_____Pain Level 1-10 _____

	Name	Signature	Date
Person completing form	_____	_____	_____
Athletic Director	Matt Cook	_____	_____
Business Office	_____	_____	_____

**An accident is an incident where the injury to the individual is deemed to be more serious than a simple abrasion, contusion, or laceration and which may need further investigation.

Interscholastic Sports Only

_____ No medical follow-up is required. Student may return to participation in interscholastic athletics.
_____ Follow-up with athletic trainer prior to return to participation in interscholastic athletics is required.
_____ Follow-up with medical professional and a release to return to participation in interscholastic athletics is required.

_____APPLICABLE IN NEW YORK STATE_____
For our protection New York State law requires the following to appear on this form:

Any person who knowingly and with intent to fraud any insurance company or other person files a statement of claim containing any material false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.