ACCIDENT FORM
(TO BE USED FOR ALL ACCIDENTS)

SCHOOL DISTRICT _____ PERSON COMPLETING FORM _____

NAME: _____ HOME ADDRESS _____

SCHOOL _____ GENDER ☐ M ☐ F AGE _____ GRADE _____ DATE _____

POSITION OF PERSON INVOLVED: ☐ STUDENT ☐ S/D EMPLOYEE ☐ VISITOR ☐ OTHER _____

NATURE OF INJURY
(CHECK ALL THAT APPLY)

ACCIDENT	☐
ACCIDENTAL CONTACT	☐
ANIMAL BITE/STING	☐
ASSAULT	☐
ASSAULT W/WEAPON	☐
ATHLETIC INJURY (after school)	☐
ATHLETIC INJURY (during school)	☐
BIO-HAZARD EXPOSURE	☐
BLISTER	☐
BURN/SCALD	☐
CHEMICAL EXPOSURE	☐
CHIPPED TOOTH	☐
CHOKING	☐
CONCUSSION (see reverse)	☐
CRAMPS	☐
DISLOCATION	☐
ELECTRICAL INJURY	☐
EYE INJURY	☐
FALL FROM ELEVATED SURFACE	☐
FRACTURE	☐
HEAT	☐
HIT BY FOREIGN OBJECT	☐
HORSEPLAY	☐
HUMAN BITE	☐
ILLNESS	☐
LACERATION	☐
MEDICAL CONDITION	☐
PUNCTURE WOUND	☐
SMASHED	☐
SPRAIN/STRAIN TENDON	☐
STRUCK STATIONARY OBJECT	☐
TRIP/SLIP	
OTHER (specify below)	

ACTION TAKEN

FIRST AID TREATMENT	☐
SENT TO SCHOOL NURSE	☐
AMBULANCE CALLED	☐
SENT TO HOSPITAL/DOCTOR	☐
NO TREATMENT	☐
CALLED PARENT/GUARDIAN	☐
SENT HOME	☐
OTHER _____	

BODY PART INJURED

ABDOMEN	☐
ANKLE	☐
ARM	☐
BACK	☐
CHEST	☐
EAR	☐
ELBOW	☐
EYE	☐
FACE	☐
FINGER	☐
FOOT	☐
GENITALS	☐
GROIN	☐
HAND	☐
HEAD	☐
HIP	☐
KNEE	☐
LEG	☐
MOUTH	☐
NOSE	☐
SHOULDER	☐
WRIST	☐
OTHER _____	

LOCATION

AUDITORIUM	☐
BUS/BUS STOP	☐
CAFETERIA	☐
CLASROOM	☐
GYMNASIUM	☐
HALLWAY	☐
LIBRARY	☐
LOCKER ROOM	☐
OFF CAMPUS	☐
PARKING LOT	☐
PLAYGROUND	☐
RESTROOM	☐
SCHOOL GROUNDS	☐
SHOP	☐
FIELD	☐
OTHER _____	

SPECIFY SCHOOL ACTIVITY

_____

_____

_____

_____

_____

IF ACCIDENT WAS THE RESULT OF A MACHINE OR EQUIPMENT FAILURE SPECIFY THE FAILURE IN DETAIL

_____

_____

_____

_____

DOES THE STUDENT CARRY SCHOOL ACCIDENT INSURANCE

☐ YES ☐ NO

NUMBER OF DAYS MISSED FROM SCHOOL _____

NAME OF SUPERVISOR IN CHARGE WHEN ACCIDENT OCCURRED

_____ PHONE NUMBER _____

WAS SUPERVISOR PRESENT AT TIME OF ACCIDENT? YES NO

BY WHOM _____

_____

_____

_____

SPECIFY ACTION TAKEN
ICE, CAST, SPLINT, TAPE/WRAP, HEAT, OTHER

_____

_____

_____

_____

_____

WITNESSES

NAME _____ PHONE _____

NAME _____ PHONE _____

DESCRIPTION OF ACCIDENT (USE REVERSE SIDE IF NECESSARY) _____

_____

_____

_____

SUPERINTENDENT'S SIGNATURE _____ **DATE** _____