

# No-Fault Accidental Injury Report

(To be used for Students & School Guest Only)

Injured Party's Name: \_\_\_\_\_ Gender: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

School in which injury occurred: \_\_\_\_\_

Date & Time of Accident: \_\_\_\_\_

If Student: Grade \_\_\_\_\_ Teacher \_\_\_\_\_ First Responder \_\_\_\_\_

Is Student covered by school insurance: Yes \_\_\_\_\_ No \_\_\_\_\_

Place Where Injury Occurred		Nature of Injury		Part of Body Injured	
	After School		Abrasion		Abdomen
	Auditorium		Asphyxia		Hand
	Bathroom		Bruise		Ankle
	Bus		Burn		Arm (L/R)
	Classroom		Fracture		Back
	Hallway		Head Injury		Buttocks
	Lunchroom		Laceration		Nose
	Office		Nosebleed		Chest
	P.E.		Sprain		Ear
	Playground		Other		Elbow
	Other				Face
					Foot (L/R)

Describe fully how accidental injury occurred: \_\_\_\_\_

Adult Witnesses? ☐ Yes ☐ No Whom? \_\_\_\_\_

Parents Notified: ☐ Yes ☐ No Time \_\_\_\_\_ By whom \_\_\_\_\_ How \_\_\_\_\_

Describe Treatment: \_\_\_\_\_

Did injury require EMS response/immediate care by a physician or dentist or loss of 1/2 or more days away from school? \_\_\_\_\_ Yes \_\_\_\_\_ No

Did student leave school? \_\_\_\_\_ Yes \_\_\_\_\_ No If **yes**, how? \_\_\_\_\_

Signature of person completing report & Date: \_\_\_\_\_

Signature of Principal: \_\_\_\_\_

Signature of School Nurse: \_\_\_\_\_

**Please submit to Central Services designee**

**Revised 11/2008**