

Student/Visitor Accident Report

Write legibly. To be filled out by School Personnel (not by the student or visitor).

School Name & Number:		Date of Accident:		Time of Accident: ☐ am ☐ pm	
Injured Party's Name:		Phone:		Age/DOB:	Sex: ☐ Male ☐ Female
Address: Grade:					Grade:
Status: ☐ Student ☐ Visitor ☐ Trespasser			If Visitor, reason for visit:		
Description of Accident (How did the accident happen? What was the injured person doing? What tool, machine or equipment was involved?)					
What Teacher/Supervisor/Administrator was responsible for the area:					
Witness Name:		Address:		Telephone Number:	
Witness Name:		Address:		Telephone Number:	
Location:		Type of Injury		Body Part(s) Affected (Check all that apply)	
☐ Athletic Field ☐ Office ☐ Bus ☐ Playground ☐ Bus Stop ☐ Restroom ☐ Cafeteria ☐ Sidewalk ☐ Classroom ☐ Pool Area ☐ Gym ☐ Stairs Inside ☐ Hallway ☐ Stairs Outside ☐ Science Lab ☐ Voc. Shop ☐ Locker Room ☐ Stage Area ☐ Maint. Area ☐ Other (Specify):		☐ Abrasion ☐ Dislocation ☐ Amputation ☐ Electrical Shock ☐ Asphyxiation ☐ Laceration ☐ Bite (Animal/Insect) ☐ Fracture ☐ Bite (Human) ☐ Poisoning ☐ Burn (Chemical) ☐ Puncture ☐ Burn (Heat) ☐ Sprain/Strain ☐ Concussion ☐ Other (Describe)		☐ Abdomen ☐ Finger ☐ Ankle ☐ Foot ☐ Arm ☐ Hand ☐ Back ☐ Head ☐ Chest ☐ Leg ☐ Ear ☐ Mouth ☐ Eye ☐ Tooth ☐ Face ☐ Wrist ☐ Other (Describe)	
☐ Immediate Action Taken (check all that apply):					
☐ None ☐ First Aid (Specify) _____ ☐ Ambulance called ☐ School Nurse notified ☐ Parent/Guardian called ☐ Name of Parent/Guardian notified: _____ ☐ Parent/Guardian Telephone number: Home: _____ Work: _____ Injured person released to: ☐ Self ☐ Parent/Guardian ☐ Ambulance/Hospital ☐ Other (specify) _____ Time Released: _____ am pm					
Report Completed by:				Title:	
Report Reviewed by Principal (signature):					
Date Reviewed:				Telephone Number:	