



Buckeye Local Schools  
Accident Report

1. Name of Injured \_\_\_\_\_ 2. Grade or Position \_\_\_\_\_  
 3. School \_\_\_\_\_ 4. Date \_\_\_\_\_  
 5. Injured Has Insurance Yes \_\_\_\_\_ No \_\_\_\_\_  
 7. Report prepared by \_\_\_\_\_  
 8. (Check one) Student \_\_\_\_\_ Employee Non-Teaching \_\_\_\_\_ Employee Teaching \_\_\_\_\_ Other \_\_\_\_\_

*An accident report is to be filed each time a school employee, pupil or visitor is injured on school property. Accidents to pupils and school employees while officially involved in a school related activity or accidents that cause absence from school or those requiring doctor/hospital care are to be reported.*

\*All areas are to be completed\*

\*Check one\*

|   |  |
|---|--|
| 9. TIME AND DATE OF ACCIDENT: _____<br><br>WITNESS NAMES:<br>_____<br>_____ | Travel to/from school _____  |
|   | After school activity _____<br>Non-school time _____<br>Lunch period _____ |

|                             |                             |
|-----------------------------|-----------------------------|
| 10. PLACE ACCIDENT OCCURED: | Classroom or lab _____      |
|                             | Gymnasium/Aud/Stage _____   |
|                             | Showers/Locker Rooms _____  |
|                             | Restroom or Lunchroom _____ |
|                             | Corridor or Stairs _____    |

|                           |   |
|---------------------------|---|
| 11. ACTIVITY WHEN INJURED | Travel To/From School _____                 |
|                           | Changing Classes _____                      |
|                           | Physical Education _____                    |
|                           | Athletics _____                             |
|                           | Unorganized Play _____                      |
|                           | Working in a Lab/Classroom _____            |
|                           | Hoseplay _____                              |
|                           | Working in Aud/Stage _____                  |
|                           | Eating/Working in Cafe _____<br>Other _____ |

|                           |             |                    |
|---------------------------|-------------|--------------------|
| 12. AFFECTED PART OF BODY | Head _____  | Legs _____         |
|                           | Eyes _____  | Arms _____         |
|                           | Neck _____  | Fingers/Toes _____ |
|                           | Trunk _____ | Other _____        |

|  |                          |
|--|--------------------------|
| 13. WHAT SCHOOL PERSONNEL MADE DECISION OR APPLIED MAJOR PART OF TREATMENT | Assigned Teacher _____   |
|  | Substitute Teacher _____ |
|  | Nurse/Clinic Aide _____  |
|  | Admin/Office Staff _____ |

14. Parent Notified: Yes \_\_\_\_\_ No \_\_\_\_\_ No Attempt \_\_\_\_\_ Could not reach \_\_\_\_\_  
 15. Pupil sent to: Class \_\_\_\_\_ Home \_\_\_\_\_ Doctor \_\_\_\_\_ Hospital \_\_\_\_\_ Held in clinic \_\_\_\_\_  
 Fire rescue squad called \_\_\_\_\_ Other \_\_\_\_\_  
 16 Pupil transported by: Parent \_\_\_\_\_ Neighbor \_\_\_\_\_ Relative \_\_\_\_\_ Ambulance \_\_\_\_\_  
 17 Principal Initials \_\_\_\_\_ Date \_\_\_\_\_

Report must be filed within 24 hours of accident. Forward to Payroll (Robyn Watson)