ACADEMY OF THE SACRED HEART

ADULT ACCIDENT REPORT FORM

School Division_____Date of Accident_____ Time of Accident_____ am__pm__Date of Report_____

Name_____ __Female __Male

Home Address_____

Witness: Name_____Address_____

Name_____Address_____

INJURY

Abrasion_____
Bite_____
Bruise_____
Burn_____
Cut_____
Laceration_____
Puncture_____
Sprain_____
Swelling_____
Scratch_____
Other_____

Part of Body Injured
_____
(specify)

LOCATION

Playground _____
Hallway_____
Bathroom_____
Auditorium_____
Field House_____
Dritsas Gym_____
Classroom (room number)_____
Locker Area_____
Stairs_____
Bus_____
Playing Fields_____

Other_____
(specify)

DESCRIPTION

(Causes: How accident took place, unsafe condition or acts, etc.)

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

ACTION TAKEN – (___FIRST AID, ___EMERGENCY CONTACT PERSON NOTIFIED, ___ADULT SENT HOME, ___911 CALLED)

Signature of Person taking above action:_____

Signature of Head of School:_____

REMARKS: What recommendation do you have for preventing other accidents of this type? Use reverse side for comments.)

NOTE: Forward this report as soon as possible to Head of School's Office. The Head of School's Office shall be immediately notified of any student, staff or visitor injury requiring emergency hospital treatment.

Policy of Non-Discrimination: Academy of the Sacred Heart does not discriminate on the basis of race, color, religion, sex (including pregnancy, sexual orientation, or gender identity), national origin, age, disability, genetic information, height, weight, marital status, partisan consideration, or any other class protected by State or Federal law in the administration of its educational policies, employment practices, admission policies, scholarship loan or tuition assistance programs, and athletic and other school-administered programs.

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