

ACCIDENT/INJURY REPORT

This report is to be filled out at once by the person responsible for the student at the time of any and all accidents during any school activity.

Student's Name: _____ Grade: _____

Address: _____ Phone: _____

Parent/Guardian: _____

Date of Accident: _____ Time of Accident: _____

Activity: _____

Location:	Circle One	High School	Middle School	Intermediate	Primary
Circle One:	Athletic Field	Bus	Bus Stop	Cafeteria	
	Classroom	Gymnasium	Hallway	Laboratory	
	Locker Room	Off-Premises	Office	Playground	
	Restroom	Sidewalk	Stairs (inside)	Stairs (outside)	
	Swimming Pool Area	Theatre or Stage	Vocational		

Witnesses (if any) _____

Type of Injury:

Abrasion	Amputation	Asphyxiation	Bite (Animal or Insect)
Bite (Human)	Burn (Chemical)	Burn (Heat)	Concussion
Dislocation	Electrical Shock	Laceration	Fracture
Poisoning	Puncture	Repetitive Motion	Sprain/Strain
Other _____			

Body Parts Affected (Circle):

Abdomen	Ankle	Arm	Back	Chest	Ear
Eye	Face	Finger	Foot	Hand	Head
Leg	Mouth	Tooth	Wrist		

Action Taken:

Parent/Guardian notified: _____ YES _____ NO If yes, when: _____

If no, explain: _____

 Signature of person completing report

 Date

Note: This report is for record purposes only and does not constitute the admission of liability on the part of the school system or any employee thereof.