STUDENT ACCIDENT REPORT

Student Name: _____ School: _____

Date of Birth: _____ Age: _____ Grade: _____ Home Phone: (_____) _____

Home Address: _____ Student is covered by Insurance? ☐ Yes ☐ No

City, Zip: _____ Name of Insurance: _____

Site Name	Date & Time of Injury: _____ / __:__ am / pm
Location Details (i.e. Athletic Field, Gym, Off Campus, etc.)	*Type of sports/recreation activity:*
List equipment involved in injury:	Was there a violation of a school rule by this student or anyone else? ☐ Yes ☐ No Was the accident due to faulty apparatus or material? ☐ Yes ☐ No Did this injury result from violence or aggression? ☐ Yes ☐ No
Who else was involved in the accident/injury: ☐ Another Student ☐ Outside Person ☐ Unknown ☐ No One	*Name of Supervising Employee in Charge:*

Cause of the injury (circle all appropriate selections below):

Animal/Insect, Another Student, Building, Chemicals, Classroom Materials, Fence/Gate, Food/Drink, Furniture, Hand Tool, Pole, Power Tool, Self, Sport Equipment, Surface, Thrown Object, Vehicle

Other (specify): _____

Nature of the injury (circle all appropriate selections below):

Abrasion, Bite/Sting, Bleeding, Bruise, Burn, Chemical Exposure, Chipped/Lose Tooth, Concussion, Cut, Dislocation, Dizziness, Foreign Body, Fracture, Internal, Nausea, No Visible Injury, Pain, Puncture, Redness, Sprain/Strain, Swelling

Other (specify): _____

What part(s) of the body was injured (circle all appropriate selections below)? *Side of body (check box):* ☐ *Left* ☐ *Right*

Ankle, Arm, Back, Chest, Ear, Elbow, Eye, Face, Finger, Foot, Groin, Hand, Head, Hip, Internal, Knee, Leg, Mouth, Neck, Nose, Ribs, Shoulder, Stomach, Tooth, Wrist

Other (specify): _____

Briefly describe how the injury occurred:

_____

_____

_____

_____

Was First Aid administered? ☐ Yes ☐ No

Describe First Aid given: By whom: _____

_____

Witness Names and Phone Numbers: *Statements were collected from the following witnesses (please check box as appropriate):*

☐ _____ ☐ _____ ☐ _____

_____ _____

Report completed by: *Phone*

Title: _____ *Date:* _____

Student was:

☐ Returned to Class ☐ Sent Home ☐ Taken to the Hospital ☐ Other: _____

Comments: _____

Were the Parents/Guardians Contacted? ☐ Yes ☐ No Describe their reactions/comments: _____

_____

_____

RISK MANAGEMENT DEPARTMENT
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