Name of School District	**Student Accident Form** (to be used for all student accidents)	Person completing form: Date:
	Person in charge when accident occurred:	Present at time of accident? Yes No

Use the STUDENT ACCIDENT REPORT FORM to record each student accident coming under the jurisdiction of the school district. This form, when completed, should be filed in the district office for future reference in case litigation results from the accident at some future date. Minor accidents such as scratches, bruises, etc. need not be recorded.

Student's Name:		Home Address:		Phone Number:
School:		Gender: M F	Age:	Grade:
Date of Accident:		Time of Accident:	Birthdates:	

Nature of Injury (check all that apply)	**Body Part Injured** (check all that apply)			**Location**		**Specify Activity (i.e. football, soccer, PE)**
❑ Abrasion		Right	Left	Auditorium	❑	
❑ Accidental Contact	Abdomen	❑	❑	Bathroom	❑	
❑ Animal Bite/Sting	Ankle	❑	❑	Bus/Bus Stop	❑	
❑ Assault	Arm	❑	❑	Cafeteria	❑	
❑ Assault w/ weapon	Back	❑	❑	Classroom	❑	
❑ Athletic Injury (after school)	Ear	❑	❑	Gym	❑	
❑ Athletic Injury (during school)	Elbow	❑	❑	Hallway	❑	
❑ Bio-Hazard Exposure	Eye	❑	❑	Library	❑	
❑ Bruise	Face	❑	❑	Locker Room	❑	
❑ Burn/Scald	Finger	❑	❑	Off Campus	❑	
❑ Chemical Exposure	Foot	❑	❑	Parking Lot	❑	
❑ Chipped Tooth	Hand	❑	❑	Restroom	❑	
❑ Choking	Head	❑	❑	School Grounds	❑	**If the accident was the result of machine or equipment failure, specify the failure in detail:**
❑ Concussion Suspected	Hip	❑	❑	Step/Stairway	❑	
❑ Electrical Injury	Knee	❑	❑	Other (please describe)	❑	
❑ Eye Injury	Leg	❑	❑			
❑ Fall From Elevated Surface	Mouth	❑	❑			
❑ Fracture Suspected	Nose	❑	❑			
❑ Hit by Foreign Object	Shoulder	❑	❑			
❑ Horseplay	Toe	❑	❑			
❑ Human Bite	Wrist	❑	❑			
❑ Illness	Other	❑	❑			
❑ Laceration						
❑ Medical Condition						
❑ Puncture Wound						
❑ Smashed						
❑ Struck by Stationary Object						
❑ Trip/Slip	**In completing this accident report, it is critical that the accident be described in sufficient detail to show conditions existing when the accident occurred. If unsafe acts or conditions are noted, steps should be taken immediately for their correction.**					
❑ Vocational						
❑ Other						

Description of Accident:

Action Taken	❑	**Action Taken by Whom:** **Specify Action Taken:**
First Aid Treatment	❑	
Sent to School Nurse	❑	
Ambulance Called	❑	
Sent to Hospital	❑	
No Treatment	❑	
Called Parent/Guardian (REQUIRED)	❑	
Sent Home	❑	
Other	❑	

Witnesses: List all witnesses (if written statement taken, please attach to this form)		
Name:	Address:	Phone Number:
Name:	Address:	Phone Number:
Name:	Address:	Phone Number:
Name:	Address:	Phone Number:

_____ Date: _____
Principal's Signature

_____ Date: _____
Staff/Coach's Signature