

Standard Student Accident/Incident Form

Name:		Grade:	Sex:
Home Address:			
School:			
Date of Accident/Injury:		Time: AM	Time: PM
Nature of Accident:		Place of Accident:	Part of Body Injured:
<input type="checkbox"/> Abrasion	<input type="checkbox"/> Fracture	<input type="checkbox"/> Classroom	<input type="checkbox"/> Ankle <input type="checkbox"/> Finger <input type="checkbox"/> Nose
<input type="checkbox"/> Amputation	<input type="checkbox"/> Head Injury	<input type="checkbox"/> Hallway	<input type="checkbox"/> Arm <input type="checkbox"/> Foot <input type="checkbox"/> Tooth
<input type="checkbox"/> Bruise	<input type="checkbox"/> Laceration	<input type="checkbox"/> Bathroom	<input type="checkbox"/> Back <input type="checkbox"/> Hand <input type="checkbox"/> Wrist
<input type="checkbox"/> Burn	<input type="checkbox"/> Puncture	<input type="checkbox"/> Lunchroom	<input type="checkbox"/> Elbow <input type="checkbox"/> Head
<input type="checkbox"/> Concussion	<input type="checkbox"/> Scratches	<input type="checkbox"/> Playground	<input type="checkbox"/> Eye <input type="checkbox"/> Knee
<input type="checkbox"/> Cut	<input type="checkbox"/> Sprain	<input type="checkbox"/> Gymnasium	<input type="checkbox"/> Face <input type="checkbox"/> Leg
<input type="checkbox"/> Other (please specify) _____		<input type="checkbox"/> Other (please specify) _____	
<input type="checkbox"/> Other (please specify) _____		<input type="checkbox"/> Other (please specify) _____	
Were parents notified?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If no, why not?
Was student taken to doctor or hospital?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Name of doctor or hospital:
Degree of Injury:	<input type="checkbox"/> Death	<input type="checkbox"/> Permanent Impairment	<input type="checkbox"/> Serious not Permanent
	<input type="checkbox"/> Minor		
Describe treatment and/or disposition:			

Description of the event? What happened? List specifically unsafe acts and unsafe conditions existing. Specify tool, machine, or equipment involved:			

(Signature)

(Date)