

Standard Student Accident/Incident Form

Name		Grade	Sex
Home Address			
School			
Date of Accident/Incident		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"/> Amputation	<input type="checkbox"/> Head Injury	<input type="checkbox"/> Hallway	<input type="checkbox"/> Finger
<input type="checkbox"/> Bruise	<input type="checkbox"/> Laceration	<input type="checkbox"/> Bathroom	<input type="checkbox"/> Foot
<input type="checkbox"/> Burn	<input type="checkbox"/> Puncture	<input type="checkbox"/> Lunchroom	<input type="checkbox"/> Back
<input type="checkbox"/> Concussion	<input type="checkbox"/> Scratches	<input type="checkbox"/> Playground	<input type="checkbox"/> Hand
<input type="checkbox"/> Cut	<input type="checkbox"/> Sprain	<input type="checkbox"/> Gymnasium	<input type="checkbox"/> Elbow
<input type="checkbox"/> Other (please specify) _____	<input type="checkbox"/> Other (please specify) _____	<input type="checkbox"/> Other (please specify) _____	<input type="checkbox"/> Head
			<input type="checkbox"/> Nose
			<input type="checkbox"/> Arm
			<input type="checkbox"/> Tooth
			<input type="checkbox"/> Eye
			<input type="checkbox"/> Knee
			<input type="checkbox"/> Face
			<input type="checkbox"/> Leg
			<input type="checkbox"/> Wrist
Were parents notified?		If no, why not?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Was student taken to doctor or hospital?		Name of doctor or hospital	
<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Degree of Injury		Permanent Impairment	
<input type="checkbox"/> Death		<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 and tool, machine, or equipment involved.			

(Signature)

(Date)