Student Accident/Serious Incident Report Form

Accident/Serious Incident Report forms shall be scanned and submitted via e-mail to Human Resources IMMEDIATELY upon completion. Then send the original to Human Resources and keep a copy for school files and to record any follow-up information. If follow-up information is added, please send copy to Human Resources. It is essential that the accident/serious incident be described in detail and all information be filled in.

PLEASE PRINT IN INK

CAMPUS:	**LOCATION IF OFF CAMPUS:**
Student's Name & Address:	Parent/Guardian & Phone #:
Gender: Age: Grade:	Date & Time of Accident/Serious Incident:
Is Student Covered By Insurance: ☐ Yes ☐ No	Insurance Info:

Was there a violation of a school rule by this student or anyone else? ☐ Yes ☐ No If Yes, explain:

_____

_____

_____

Who else was involved? ☐ Another Student ☐ Outside Person ☐ Unknown ☐ No One

Witness Names, Titles & Phone #s:	Employee in Charge & Phone #:

Did this Accident/Serious Incident take place at a school -sponsored activity/event? ☐ Yes ☐ No If Yes, what activity & location? _____

Injury Location

- ☐ Athletic Field/Court
- ☐ Bathroom
- ☐ Bus
- ☐ Classroom
- ☐ Corridor
- ☐ Courtyard
- ☐ Elevator
- ☐ Gym
- ☐ Library
- ☐ Locker Room
- ☐ Lunch Area
- ☐ Off Campus
- ☐ Parking Lot
- ☐ Playground
- ☐ Pool
- ☐ Science Lab
- ☐ Sidewalk
- ☐ Stairs
- ☐ Student Union
- ☐ Weight Room
- ☐ Other (Specify) _____

Cause of Injury

- ☐ Animal/Insect
- ☐ Another Student
- ☐ Building
- ☐ Chemicals
- ☐ Class Material
- ☐ Fence/Gate
- ☐ Food/Drink
- ☐ Fountain
- ☐ Furniture
- ☐ Hand Tool
- ☐ Play Equipment
- ☐ Pole
- ☐ Powered Tool
- ☐ Self
- ☐ Sport Equipment
- ☐ Surface
- ☐ Thrown Object
- ☐ Vehicle
- ☐ Weapon
- ☐ Leg
- ☐ Mouth
- ☐ Other (Specify) _____

Nature of Injury

- ☐ Abrasion
- ☐ Bite/Sting
- ☐ Bleeding
- ☐ Bruise
- ☐ Burn
- ☐ Chemical
- ☐ Chipped/Loose Tooth
- ☐ Concussion
- ☐ Cut
- ☐ Dislocation
- ☐ Dizziness
- ☐ Foreign Body
- ☐ Fracture
- ☐ Internal
- ☐ Nausea
- ☐ No Visible Injury
- ☐ Pain
- ☐ Puncture
- ☐ Redness
- ☐ Sprain/Strain
- ☐ Swelling
- ☐ Other (Specify) _____

Part of Body

☐ Side of Body ___ Right or ___Left

- ☐ Ankle
- ☐ Arm
- ☐ Back
- ☐ Chest
- ☐ Chin
- ☐ Ear
- ☐ Elbow
- ☐ Eye
- ☐ Face
- ☐ Finger
- ☐ Foot
- ☐ Groin
- ☐ Hand
- ☐ Head
- ☐ Hip
- ☐ Internal
- ☐ Knee
- ☐ Leg
- ☐ Mouth
- ☐ Neck
- ☐ Nose
- ☐ Ribs
- ☐ Shoulder
- ☐ Stomach
- ☐ Thumb
- ☐ Tooth
- ☐ Wrist
- ☐ Other (Specify) _____

Describe how Accident/Serious Incident occurred: _____

_____

_____

_____

_____

_____

_____

_____

- ☐ First-Aid Treatment Given By: _____
- ☐ Sent to School Nurse By: _____
- ☐ Sent Home By: _____
- ☐ Other (Specify) _____
- ☐ Paramedics Notified By: _____
- ☐ Sent to Hospital By: _____
- ☐ Name of Hospital and/or Doctor: _____ _____

Were parents/guardians contacted? ☐ Yes ☐ No Describe their reaction: _____

_____

Additional Follow-Up Information & Comments: _____

_____

_____

_____

Reported By:	Date:
Head of School/Principal:	Date:
Superintendent/COO:	Date:
HR Review:	Date:

Updated 11/21/2019