



STUDENT ACCIDENT / INJURY REPORT FORM

Name _____ **Student's Grade** _____
First Name of Injured Student Last name

Contact _____
Parent/Guardian's Name Home Address Phone Number

School Building _____ **School Phone#** _____

Date of Accident/Injury _____ **Time of Injury** _____ **Where?** _____
(example: playground, classroom, cafeteria – be specific)

Accident Occurred During:

Class time (if yes, which class?) _____ Passing Time Lunch Recess
 Before School After School Extra Curricular/Sporting Event Field Trip
 Other _____

Type of Injury _____ **Body Part(s) Injured** _____
(example: bruise, cut, scrape, bite) (example: right arm, low back, forehead)

Describe in detail the accident / injury: _____

First adult(s) to see or hear the accident: _____
Who else was present at the time of the accident? _____

First Aid given? Yes No **If so, by whom?** _____
What first aid measures were given? Rest Ice Bandage Other (describe below)

Was there blood exposure? Yes No **If so, by whom?** Staff Student
Name(s): _____ (if staff, report to Work Comp)

Was child released from school? Yes No **If yes, where** _____ **By whom?** _____
taken: Were parents notified? Yes No **If so, by whom?** _____ **How?** _____

Follow-up notes:

Report completed by: _____ **Date of report:** _____
Reviewed by: _____ **Date sent to Insurance Services:** _____

Instructions: This form must be completed for all injuries requiring medical attention, and for all serious illnesses. This form must be forwarded/sent to Risk Management within 24 hours. The Parent/Guardian copy should be sent home with the student.