

# STUDENT ACCIDENT REPORT FORM

Print Form

Date of Report:

Does student have accident insurance policy?  Yes  No

## Information on ALL Accidents

1. Name:  Home Address:

2. School:  Sex:  M  F Age:  Grade or classification

3. Time accident occurred: Hour   A. M.  P. M. Date:

4. Place of Accident:  School Building  School Grounds  To or from school  Home  Elsewhere

Other Location:

5. Detailed statement of accident. What was student doing? Where was student? List all acts or conditions (including weather if incident occurred outside) contributing to the accident. Specify any tool, machine, apparatus or equipment involved.

Describe injury in detail and indicate part(s) of body affected.

6. Degree of Injury:  Permanent Impairment  Temporary Disability  Non disabling

## Additional Information on School Jurisdiction Accidents

7. Teacher in charge when accident occurred (Enter name):

Present at scene of accident?  Yes  No Adult Supervisor:

Witness: 1. Name  Address:

Witness: 2. Name  Address:

8. First aid treatment administered:

**IMMEDIATE ACTION TAKEN**

Administered by:  Time:

Sent home by:  Physician's Name:

Sent to physician by:  Hospital Name:

Sent to hospital by:  Admitted:

9. Was a parent or other individual notified?  Yes  No When:  How:

Name of individual notified:  By whom? (Enter name):

	Specify Activity	Specify Activity	Specify Activity
<b>LOCATION</b>	Athletic field	Laboratories	Stairs
	Auditorium	Locker	Toilets and washrooms
	Cafeteria	Park	Other (specify) <input style="width: 100%; height: 80px;" type="text"/>
	Classroom	Playground	
	Corridor	Pool	
	Dressing room	Sch. grounds	
	Gymnasium	_____ shop	
	Home Econ.	Showers	

**Signed: Principal:** \_\_\_\_\_ **Teacher:** \_\_\_\_\_ **Nurse:** \_\_\_\_\_