

# Student Accident Report Form

Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_

Sex Male \_\_\_\_\_ Female \_\_\_\_\_

This form is to be filled out by the instructor. Form to be filed with the principals' office and original sent to the superintendent's office.

Date of Accident: \_\_\_\_\_

Time Accident Occurred: HOUR\_\_ AM\_\_PM DAY M T W TH F S SUN

Where the accident occurred \_\_\_\_\_

<p style="text-align: center;"><b>Nature of Injury</b></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Abrasion _____</td> <td style="width: 50%;">Fracture _____</td> </tr> <tr> <td>Amputation _____</td> <td>Laceration _____</td> </tr> <tr> <td>Asphyxiation _____</td> <td>Poisoning _____</td> </tr> <tr> <td>Bite _____</td> <td>Puncture _____</td> </tr> <tr> <td>Bruise _____</td> <td>Scald _____</td> </tr> <tr> <td>Burn _____</td> <td>Scratch _____</td> </tr> <tr> <td>Concussion _____</td> <td>Shock _____</td> </tr> <tr> <td>Cut _____</td> <td>Sprain _____</td> </tr> <tr> <td>Dislocation _____</td> <td>Splinter _____</td> </tr> <tr> <td colspan="2">Other (specify) _____</td> </tr> </table>	Abrasion _____	Fracture _____	Amputation _____	Laceration _____	Asphyxiation _____	Poisoning _____	Bite _____	Puncture _____	Bruise _____	Scald _____	Burn _____	Scratch _____	Concussion _____	Shock _____	Cut _____	Sprain _____	Dislocation _____	Splinter _____	Other (specify) _____		<p>How did accident happen? What was the student doing? List specifically unsafe acts or unsafe conditions.</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>		
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<p style="text-align: center;"><b>Parts of Body Injured</b> please be specific</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Abdomen _____</td> <td style="width: 50%;">Finger L/R 1-5 _____</td> </tr> <tr> <td>Ankle L/R _____</td> <td>Foot L/R 1-5 _____</td> </tr> <tr> <td>Arm-Upper L/R _____</td> <td>Hand L/R _____</td> </tr> <tr> <td>Arm-Upper R/R _____</td> <td>Head _____</td> </tr> <tr> <td>Back _____</td> <td>Knee L/R _____</td> </tr> <tr> <td>Chest _____</td> <td>Leg L/R _____</td> </tr> <tr> <td>Ear L/R _____</td> <td>Mouth _____</td> </tr> <tr> <td>Elbow L/R _____</td> <td>Nose _____</td> </tr> <tr> <td>Eye L/R _____</td> <td>Teeth _____</td> </tr> <tr> <td>Face _____</td> <td>Wrist L/R _____</td> </tr> <tr> <td colspan="2">Other (specify) _____</td> </tr> </table>	Abdomen _____	Finger L/R 1-5 _____	Ankle L/R _____	Foot L/R 1-5 _____	Arm-Upper L/R _____	Hand L/R _____	Arm-Upper R/R _____	Head _____	Back _____	Knee L/R _____	Chest _____	Leg L/R _____	Ear L/R _____	Mouth _____	Elbow L/R _____	Nose _____	Eye L/R _____	Teeth _____	Face _____	Wrist L/R _____	Other (specify) _____		<p>Tool, machine, or equipment involved.</p> <p>_____</p> <p>_____</p> <p>_____</p>
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Did accident occur during class time? YES \_\_\_ NO \_\_\_

Has the student ever been given an assignment or reading concerning the equipment involved? YES \_\_\_ NO \_\_\_

Has the student been given a demonstration concerning the equipment involved? YES \_\_\_ NO \_\_\_

Was an instructor/coach present at the time of the accident? YES \_\_\_ NO \_\_\_

Was first-aid applied? YES \_\_\_ NO \_\_\_

Who administered the first-aid treatment? \_\_\_\_\_

Was student taken to a doctor for treatment? YES \_\_\_ NO \_\_\_

Name of physician treating the case: \_\_\_\_\_

Was parental consent obtained for doctors treatment? YES \_\_\_ NO \_\_\_

REMARKS: What recommendations do you have for preventing other accidents of this type?

\_\_\_\_\_

Signed: \_\_\_\_\_ Date \_\_\_\_\_ Instructor \_\_\_\_\_ Date \_\_\_\_\_