Code No. 507.4E1

**ACCIDENT FORM**

**Personal Data**

Name of Person Injured Date of Birth

Name of School Grade Level

Parent/Guardian Name

Home Address

Home Phone Business Phone Parents contacted \_\_Yes \_\_No

**ACCIDENT DESCRIPTION**

Date of Accident Time of Accident Date & Time Reported

Location of Accident \_\_Classroom \_\_Gym \_\_Cafeteria \_\_Hallway \_\_School Grounds

\_\_Other (List)

Give a detailed description of how accident happened & what the person was doing at time of

injury

If Athletics, Name Sport

 (Signature of School Authority)

Was a supervisor a witness \_\_ Yes \_\_ No

**MEDICAL ATTENTION**

\_\_ First aid administered

 Signature of Person Administering First Aid

\_\_ Taken to School Nurse \_\_ Taken to Doctor/Clinic \_\_ Taken home, by whom

\_\_ Returned to normal activity \_\_ Ambulance called \_\_ Taken to hospital, by whom

\_\_ Admitted to hospital \_\_ Released from hospital

Name of Doctor/Hospital Address of Hospital/Doctor

Witness(es) to Accident

 Name Address Phone

 Name Address Phone

Final Results

 Name of person filing report Date

 Code No. 507.4E

**PARTS OF BODY INJURED**

HEAD/NECK UPPER EXTREMITIES LOWER EXTREMITIES TRUNK

\_\_Skull \_\_Shoulders R/L \_\_Hips R/L \_\_Upper Back

\_\_Face \_\_Upper Arms R/L \_\_Thighs R/L \_\_Lower Back

\_\_Neck \_\_Elbow R/L \_\_Knee R/L \_\_Collarbone

\_\_Ear(s) R/L \_\_Forearm(s) R/L \_\_Lower Leg(s) R/L \_\_Chest

\_\_Eye(s) R/L \_\_Wrist(s) R/L \_\_Ankle(s) R/L \_\_Lung(s)

\_\_Nose \_\_Hand(s) R/L \_\_Foot R/L \_\_Ribs

\_\_Teeth \_\_Finger(s) R/L \_\_Toe(s) \_\_Pelvis

\_\_Mouth \_\_Internal

**SPECIFIC TYPE OF INJURY**

\_\_Amputation \_\_Concussion \_\_Inflammation \_\_Puncture

\_\_Asphyxiation \_\_Cut/Laceration/Abrasion \_\_Ligaments/Cartilage \_\_Shock(Elec)

\_\_Bite \_\_Dislocation \_\_Overheated \_\_Sprain/Strain

\_\_Bruise \_\_Fracture \_\_Paralysis \_\_Sting

\_\_Burn \_\_Frostbite \_\_Poisoning \_\_Teeth Injury

\_\_Chest Pain \_\_Hearing Loss (solid, liquid, gas, vapor) \_\_Vision Loss

\_\_Other (Specify)

**MARK INJURED AREAS OF BODY**