

# PORTAGE AREA SCHOOL DISTRICT

## STUDENT ACCIDENT REPORT

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Gender: (Circle) Male Female Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Homeroom \_\_\_\_\_

Parents/Guardians: \_\_\_\_\_

Date of Accident: \_\_\_\_\_ Time of Accident: \_\_\_\_\_ AM/PM

### Type of Injury:

Abrasion	Burn	Contusion	Cut
Fracture	Scrape	Sprain/Strain	Laceration (Needing Stitches)

Other (Describe): \_\_\_\_\_

### Body Part Injured:

Toes ( L / R)	Knee ( L / R)	Wrist ( L / R)	Shoulder ( L / R)	Nose
Foot ( L / R)	Thigh ( L / R)	Low. Arm ( L / R)	Back ( L / U)	Teeth
Ankle ( L / R)	Hip ( L / R)	Elbow ( L / R)	Eye ( L / R)	Mouth
Calf ( L / R)	Finger ( L / R)	Up. Arm ( L / R)	Ear ( L / R)	Head

Other: \_\_\_\_\_

Activity engaged in by injured person: \_\_\_\_\_

Exact school location where injury occurred: \_\_\_\_\_

Describe Causative Factors of injury:

\_\_\_\_\_  
\_\_\_\_\_

### Factor(s) contributing to accident:

Unsafe Act	Unsafe mechanical/physical condition
Unsafe personal factor	Not prepared
Accidental	Intentional By Whom _____
Other (Identify) _____	

Remedial action taken and by whom: \_\_\_\_\_

### Disposition: Circle intervention below

School Nurse Sent home Doctor Trainer Taken to Hospital via Ambulance Taken Hospital By Parent/Guardian

Property Damage: YES NO Describe \_\_\_\_\_

Parents Notified: YES NO Whom \_\_\_\_\_ Time \_\_\_\_\_ AM/PM

PASD Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(N.B. - IT IS THE RESPONSIBILITY OF THE EMPLOYEE OR SUPERVISING ADULT TO COMPLETE THIS FORM.)