ACCIDENT REPORT FORM

1. Name: _____ 3. Grade: _____ 5. ( ) M ( ) F
2. School Name: _____ 4. Date of Incident _____ 6. Time of incident _____
7. Witnesses: _____ Phone: _____Staff ( ) Y ( ) N
_____ Phone: _____Staff ( ) Y ( ) N
8. First Aid Given ____Ice ___Washed Wound ___ Kept Immobile ___ Stopped Bleeding
____Observed ___Applied Splint ___ Applied Dressing ___ Other
Explain: _____

9. Body Part Injured:

HEAD	**TRUNK**	**EXTREMITIES**		**OTHER**
__ Ear	__ Abdomen	__ Ankle	__ Lower Arm	_____
__ Eye	__ Back	__ Elbow	__ Lower Leg	
__ Face	__ Chest	__ Finger	__ Thumb	_____
__ Head	__ Groin	__ Foot	__ Toes	
__ Neck	__ Shoulder	__ Hand	__ Upper Arm	_____
__ Scalp	__ Trunk	__ Hip	__ Upper Leg	
		__ Knee	__ Wrist	

10. Type of injury suspected:
__ Laceration/Abrasion __ Bruise/Contusion
__ Sprain/Strain __ Dislocation
__ Fracture __ Concussion
__ Surface Cut/Scratch __ Burn
__ Other: _____

11. Action taken: __ Parent took home __ Transfer to hospital __ Parent took to doctor
__ Returned to class __ Called 911 __ Parent took to ER
__ Other: _____ _____ Time Spent in Nurse's Office

12. Explanation of accident:
__ Collision with person __Collision with object / What object? _____
__ Injury to self __ Hit with Object/What Object? _____
__ Fall____Height of fall __ Other _____

13. Accident location: __ Classroom __ Playground __ Gym __ Assembly
__ Stairs __ Hallway __ Bus __ P.E. Class
__ Before School __ After School __ Other_____

14. Surface: __ Blacktop __ Dirt __ Grass __ Synthetic Surface
__ Carpet __ Pea gravel __ Mats __ Thickness of mat
__ Concrete __ Sand __ Wood chips __ Depth of chips
__ Ice/Snow __ Rain __ Other _____

15. Activity: ☐

1. Baseball/Softball	6. Fighting	11. Playing on bars	16. Soccer	20 Volleyball
2. Basketball	7. Flag/Touch Football	12. Running	17. Swinging	21. Walking
3. Bicycling	8. Jumping	13. Rough housing	18. Throwing rocks	22. Lacrosse
4. Climbing	9. Kickball	14. Sliding	or snowballs	23. Other:
5. Dodge ball	10. Playground equipment	15. Weight room	19. Track/field	_____

16. Equipment: Was playground equipment involved in injury? __ Yes __ No
If Yes, (a) Did equipment appear to be used appropriately? __ Yes __ No
(b) Was there any apparent malfunction of equipment? __ Yes __ No
Which Equipment? __ Swing __ Arch Climber __Slide __Sliding Pole
__Track ride __Chinning bar __ Monkey bar __ Horizontal ladder
__ Swing __ See Saw __ Jungle Gym __ Other _____

17. Describe how the accident/incident happened:
_____
_____
_____

(Continues on back)

Please use the space below to describe your accident further, if needed:

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Print/ Sign Name: _____ _____

(Person filing report) (Principal)

_____ _____

(Athletic Director: if sports related) (Superintendent)