

Taylor County School District Student Accident/Incident Investigation Analysis

LOC _____ FUNCTION _____

Immediately after incident, complete and forward to: **TAYLOR COUNTY SCHOOL BOARD, 318 NORTH STREET, PERRY, FLORIDA 32347, ATTN: BENEFITS/ INSURANCE OFFICE.** NOTE: Signature of Teacher and /or immediate supervisor and principal or group leader are required. CALL IMMEDIATELY IF INCIDENT IS SERIOUS. **** Please attach photos and send electronic file to the district office. All information on this form is strictly CONFIDENTIAL, and should not be released to the public.**

1. Name: _____ Home Address: _____
 2. School: _____ Sex: M _ F _ Age: _____
 3. Grade or classification _____
 4. Time accident occurred: Hour _____ A. M. _____ P. M. _____ Date: _____
 5. Place of Accident: School Building ___ School Grounds ___ To or From School ___ Home ___ Elsewhere ___
 6. Does student have School Insurance: Yes _____ No _____

NATURE OF INJURY	Abrasion Amputation Asphyxiation Bite Bruise Burn Concussion Cut Dislocation	Fracture Laceration Poisoning Puncture Scalds Scratches Shock (el.) Sprain Other (specify)	<p style="text-align: center;">DESCRIPTION OF THE ACCIDENT</p> How did accident happen? What was student doing? Where was Student? List specifically unsafe acts and unsafe conditions existing. Specify any tool, machine or equipment involved. _____ _____ _____ _____ _____
PART OF BODY INJURED	Abdomen Ankle Arm Back Chest Ear Elbow	Eye Face Finger Foot Hand Head Head Knee	Leg Mouth Head Nose Scalp Tooth Wrist

Degree of Injury: Death ___ Permanent Impairment ___ Temporary Disability ___ Non-disabling ___
 Names of others involved in accident: _____

Teacher in charge when accident occurred (Enter name): _____
 Present at scene of accident: No: ___ Yes: ___

IMMEDIATE ACTION TAKEN	First-aid treatment ___ By (Name): _____ Sent to school nurse ___ By (Name): _____ Sent home ___ By (Name): _____ Sent to Physician ___ By (Name): _____ Physician's Name _____ Sent to hospital ___ By (Name): _____ Name of Hospital _____
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Was parent or other individual notified? No: ___ Yes: ___ When: _____ Phone# () _____
 Name of individual notified: _____ Their attitude: _____
 By Whom (Enter Name): _____
 Witnesses: 1: Name: _____ Address: _____
 2: Name: _____ Address: _____

LOCATION	SPECIFIC ACTIVITY Athletic field _____ Locker _____ Auditorium _____ Pool _____ Cafeteria _____ Sch. Grounds _____ Classroom _____ Shop _____ Corridor _____ Showers _____ Dressing Rm. _____ Stairs _____ Gymnasium _____ Toilets/washrm. _____ Home Econ. _____ Laboratories _____	<p style="text-align: center;">REMARKS</p> What recommendations do you have for preventing other accidents of this type? _____ _____ _____
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Signed: Administrator _____ Employee: _____