Accident Report

This form is to be completed by the appropriate employee(s) as soon as possible after an accident occurs.
Please Print or Type.
NOTE: This form may also be filed electronically from the KSBA web site (www.ksba.org)

District Name __Breck_____ School Name _Breckinridge County High School__
School Phone ___270-756-3080____
Date of Accident: _____ Time: ____ ☐ AM ☐ PM Supervising Employee _____

Claimant's Name _____ _____ _____
Last Name *First Name* *Middle Initial*
Claimant's Address _____ _____ _____
City *State* *ZIP Code*
Claimant's SS # _____ Home Phone Number (___) _____
Claimant's Age _____ Date of Birth _____ Sex _____ Grade _____
Parent's Name (if student) _____ Work Phone Number (___) _____

Nature of Injury	
☐ Scratch	☐ Concussion
☐ Fracture	☐ Head Injury
☐ Bruise	☐ Sprain/Strain
☐ Burn	☐ Cut/Puncture
☐ Dislocation	☐ Bite
☐ Other _____	

Place of Accident	
☐ Classroom	☐ Gymnasium
☐ Hallway	☐ Parking Lot
☐ Bathroom	☐ Sidewalk
☐ Cafeteria	☐ Stairs
☐ Playground	☐ Athletic Field
☐ Other _____	

Body Part Injured		
☐ Ankle	☐ Foot	☐ Leg
☐ Arm	☐ Face	☐ Nose
☐ Back	☐ Finger	☐ Teeth
☐ Neck	☐ Hand	☐ Wrist
☐ Eye	☐ Knee	☐ Shoulder
☐ Other _____		

Describe accident and injury in detail: (Attach additional description as necessary). _____

Were efforts made to contact the parent/guardian about the accident? ☐ Yes ☐ No
Was first aid administered? ☐ Yes ☐ No By whom? _____
Was the student ☐ Sent home ☐ Sent to physician ☐ Sent to hospital
☐ Sent to nurse ☐ Treated and remained in school
Is student covered by Student Accident Insurance? ☐ Yes ☐ No If yes, please list Company Name, address and phone number _____

If medical or hospital treatment was required, please complete the following information. (Attach a copy of medical bills, if available.)

Name and address of doctor or hospital _____
Witnesses (Name, Address & Phone) _____

_____ _____
Signature/Name of Person Completing the Report *Date*

Forward/Send one (1) copy to DSSS at Central Office.

RELATED PROCEDURE:

03.14 AP.1

Review/Revised:7/10/2001