

Student Accident Report Form

Meade School District 46-1



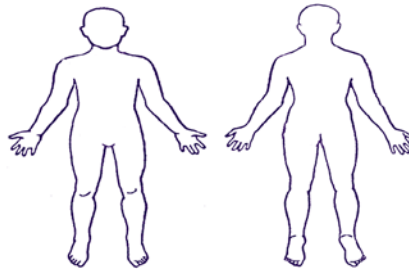
Part A: Information on **ALL** Accidents

Please fill out as completely as possible in **blue or black ink**

- 1. Name: _____ Gender: M___ F___
- 2. Birthdate: _____ Age: _____
- 3. Home Address: _____ (street)
_____ (city, state)
- 4. Phone #: _____ (home)
_____ (cell & guardian name)
- 5. School: _____ Grade: _____
- 6. Date: _____ Time: _____
- 7. Place of Accident: School Building___ School Grounds___ To or From School___ Elsewhere___
- 8. Type of Injury: Abrasion___ Amputation___ Asphyxiation___
Bite___ Bruise___ Burn___
Concussion___ Cut___ Dislocation___
Fracture___ Laceration___ Poisoning___
Puncture___ Scald___ Scratch___
Shock___ Sprain___ Strain___
Other (specify): _____

- Where:
- Abdomen___ Ankle___ Arm___
 - Back___ Chest___ Ear___
 - Elbow___ Eye___ Face___
 - Finger___ Foot___ Hand___
 - Head___ Knee___ Leg___
 - Mouth___ Nose___ Scalp___
 - Tooth___ Wrist___
 - Other (specify): _____

Mark Injury Location:



Degree of Injury: Non-Disabling___ Temporary Disability___
Permanent Impairment___ Death___

Total Days of School Missed: _____ (To be filled in when student returns)

Description of Accident: How did the accident happen? What was student or adult doing? Where was student or adult? Specify any tool, machine/equipment involved.

Part B: Additional Information

Please fill out as completely as possible **in blue or black ink**

9. Supervisor in Charge When Accident Occurred:

_____ (Full Name)

Present at Scene of Accident: Yes _____ No _____

10. First Aid Treatment _____ By: _____ (name)

Sent to School Nurse _____ By: _____ (name)

Sent to Physician _____ By: _____ (name)

Physician: _____ (name)

Sent to Hospital _____ By: _____ (name)

Hospital: _____ (name)

11. Was a Parent/Guardian Notified: Yes _____ No _____ Time: _____

Name of Parent/Guardian: _____

Relationship to Injured: _____

By Whom: _____ (name)

12. Information of Person(s) Completing This Form

Person #1 - Full Name: _____

Job Title: _____

Address: _____

Phone: _____ (home) _____ (cell)

Signature: _____

Person #2 (If Needed) - Full Name: _____

Job Title: _____

Address: _____

Phone: _____ (home) _____ (cell)

Signature: _____

Additional Information:

Initial treatment given? Follow-up with administration? Did a guardian pick-up injured?

To Be Completed by Building Admin Assistant:

Received: _____ (date/initials)

Principal signature: _____ (date/initials)

Faxed to business office: _____ (date/initials)

Scanned to business office: _____ (date/initials)