Standard Accident Report Form

Meade School District 46-1
Sturgis, SD 57785

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): ______________________________

Degree of Injury: **Non-Disabling____** **Temporary Disability____**
Permanent Impairment___ **Death____**

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

<u>Description of Accident:</u>

How did the accident happen? What was student or adult doing? Where was student or adult? List specifically unsafe acts and unsafe conditions existing. Specify any tool, machine/equipment involved.

(over)

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)**

Mark Injury Location: