Creston School District No. 073
ACCIDENT REPORT FORM
TO BE USED FOR ALL ACCIDENTS

NAME_____ **HOME ADDRESS**_____ **TIME OF ACCIDENT** _____

SCHOOL_____ **GENDER** ☐M ☐F **AGE**___ **GRADE**___ **DATE** _____

PERSON Completing Form: _____

POSITION OF PERSON INVOLVED: ☐ STUDENT ☐ S/D EMPLOYEE ☐ VISITOR ☐ OTHER_____

NATURE OF INJURY
(CHECK ALL THAT APPLY)

- ☐ ACCIDENTAL
- ☐ ACCIDENTAL CONTACT
- ☐ ANIMAL BITE/STING
- ☐ ASSAULT
- ☐ ASSAULT W/ WEAPON
- ☐ ATHLETIC INJURY (AFTER SCHOOL)
- ☐ ATHLETIC INJURY (DURING SCHOOL)
- ☐ BIO-HAZARD EXPOSURE
- ☐ BURN/SCALD
- ☐ CHEMICAL EXPOSURE
- ☐ CHIPPED TOOTH
- ☐ CHOKING
- ☐ ELECTRICAL INJURY
- ☐ EYE INJURY
- ☐ FALL FROM ELEVATED SURFACE
- ☐ FRACTURE
- ☐ HIT BY FOREIGN OBJECT
- ☐ HORSEPLAY
- ☐ HUMAN BITE
- ☐ ILLNESS
- ☐ LACERATION
- ☐ MEDICAL CONDITION
- ☐ PUNCTURE WOUND
- ☐ SMASHED
- ☐ STRUCK STATIONARY OBJECT
- ☐ TRIP/SLIP
- ☐ Vocational

BODY PART INJURED

	R	L
ANKLE	☐	☐
ARM	☐	☐
BACK	☐	☐
EAR	☐	☐
ELBOW	☐	☐
EYE	☐	☐
FACE	☐	☐
FINGER	☐	☐
FOOT	☐	☐
HAND	☐	☐
HEAD	☐	☐
HIP	☐	☐
KNEE	☐	☐
LEG	☐	☐
MOUTH	☐	☐
NOSE	☐	☐
WRIST	☐	☐

OTHER_____

LOCATION

- AUDITORIUM ☐
- BUS/BUS STOP ☐
- CAFETERIA ☐
- CLASSROOM ☐
- GYMNASIUM ☐
- HALLWAY ☐
- LIBRARY ☐
- LOCKER ROOM ☐
- OFF CAMPUS ☐
- PARKING LOT ☐
- PLAYGROUND ☐
- RESTROOM ☐
- SCHOOL GROUNDS ☐
- _____SHOP ☐
- _____FIELD ☐

OTHER_____

SPECIFY SCHOOL ACTIVITY

_____
_____
_____
_____
_____

IF ACCIDENT WAS THE RESULT OF A MACHINE OR EQUIPMENT FAILURE SPECIFY THE FAILURE IN DETAIL

_____
_____
_____

DOES THE STUDENT CARRY SCHOOL ACCIDENT INSURANCE ☐YES ☐NO

NUMBER OF DAYS MISSED FROM SCHOOL _____

NAME OF SUPERVISOR IN CHARGE WHEN ACCIDENT OCCURRED

_____ **PHONE NUMBER**_____

WAS SUPERVISOR PRESENT AT TIME OF ACCIDENT? ☐YES ☐NO

ACTION TAKEN		BY WHOM	SPECIFY ACTION TAKEN
FIRST AID TREATMENT	☐	_____	_____
SENT TO SCHOOL NURSE	☐	_____	_____
AMBULANCE CALLED	☐	_____	_____
SENT TO HOSPITAL	☐	_____	_____
NO TREATMENT	☐	_____	_____
CALLED PARENT/GUARDIAN	☐	_____	_____
SENT HOME	☐	_____	_____
OTHER_____	☐		

WITNESSES

NAME _____ ADDRESS _____ PHONE _____

NAME _____ ADDRESS _____ PHONE _____

DESCRIPTION OF ACCIDENT
USE REVERSE SIDE IF NECESSARY

_____
_____
_____
_____
_____

Signatures

PRIMARY REPORTER

_____
Signature Date

SUPERINTENDENT/PRINCIPAL

_____
Signature Date

DATE REVIEWED BY SAFETY COMMITTEE

_____

Additional Information

Specific Action Taken

Notes