

SCHOOL DISTRICT OF INDIAN RIVER COUNTY

STANDARD STUDENT ACCIDENT REPORT FORM

Part A. Information on ALL Accidents

1. Name: _____ Home Address: _____
 Phone: _____ City: _____

2. School: _____ Sex: M F Age: _____ Grade or classification: _____

3. Time accident occurred: Hour _____ A.M.; _____ P.M. Date: _____

4. Place of Accident: School Building School Grounds To or from School Home Elsewhere

5.	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; border-right: 1px solid black;"> <table style="width: 100%; border-collapse: collapse;"> <tr><td>Abrasion _____</td><td>Fracture _____</td></tr> <tr><td>Amputation _____</td><td>Laceration _____</td></tr> <tr><td>Asphyxiation _____</td><td>Poisoning _____</td></tr> <tr><td>Bite _____</td><td>Puncture _____</td></tr> <tr><td>Bruise _____</td><td>Scalds. _____</td></tr> <tr><td>Burn _____</td><td>Scratches _____</td></tr> <tr><td>Concussion _____</td><td>Shock (el.) _____</td></tr> <tr><td>Cut _____</td><td>Sprain _____</td></tr> <tr><td>Dislocation _____</td><td></td></tr> <tr><td>Other (specify) _____</td><td></td></tr> </table> </td> <td style="width: 50%;"></td> </tr> </table>	<table style="width: 100%; border-collapse: collapse;"> <tr><td>Abrasion _____</td><td>Fracture _____</td></tr> <tr><td>Amputation _____</td><td>Laceration _____</td></tr> <tr><td>Asphyxiation _____</td><td>Poisoning _____</td></tr> <tr><td>Bite _____</td><td>Puncture _____</td></tr> <tr><td>Bruise _____</td><td>Scalds. _____</td></tr> <tr><td>Burn _____</td><td>Scratches _____</td></tr> <tr><td>Concussion _____</td><td>Shock (el.) _____</td></tr> <tr><td>Cut _____</td><td>Sprain _____</td></tr> <tr><td>Dislocation _____</td><td></td></tr> <tr><td>Other (specify) _____</td><td></td></tr> </table>	Abrasion _____	Fracture _____	Amputation _____	Laceration _____	Asphyxiation _____	Poisoning _____	Bite _____	Puncture _____	Bruise _____	Scalds. _____	Burn _____	Scratches _____	Concussion _____	Shock (el.) _____	Cut _____	Sprain _____	Dislocation _____		Other (specify) _____			<p style="text-align: center;">DESCRIPTION OF THE ACCIDENT</p> <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. _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>		
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6. Degree of Injury: Death Permanent Impairment Temporary Disability Nondisabling

7. Total number of days lost from school: _____ (To be filled in when student returns to school)

Part B. Additional Information on School Jurisdiction Accidents

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

9.	IMMEDIATE ACTION TAKEN	<table style="width: 100%; border-collapse: collapse;"> <tr><td>First-aid treatment _____</td><td>By (Name): _____</td></tr> <tr><td>Sent to school nurse _____</td><td>By (Name): _____</td></tr> <tr><td>Sent home _____</td><td>By (Name): _____</td></tr> <tr><td>Sent to physician _____</td><td>By (Name): _____</td></tr> <tr><td></td><td>Physician's Name: _____</td></tr> <tr><td>Sent to hospital _____</td><td>By (Name): _____</td></tr> <tr><td></td><td>Name of hospital: _____</td></tr> </table>	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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10. Was a parent or other individual notified? No: ___ Yes: ___ When: _____ How: _____
 Name of individual notified: _____
 By whom? (Enter name): _____

11. Witnesses: 1. Name: _____ Address: _____
 2. Name: _____ Address: _____

12.	LOCATION	Specify Activity	Specify Activity	Remarks																		
	<table style="width: 100%; border-collapse: collapse;"> <tr><td>Athletic field _____</td><td>Locker _____</td></tr> <tr><td>Auditorium _____</td><td>Pool _____</td></tr> <tr><td>Cafeteria _____</td><td>Sch. grounds _____</td></tr> <tr><td>Classroom _____</td><td>_____ shop _____</td></tr> <tr><td>Corridor _____</td><td>Showers _____</td></tr> <tr><td>Dressing room _____</td><td>Stairs _____</td></tr> <tr><td>Gymnasium _____</td><td>Toilets and _____</td></tr> <tr><td>Home Econ. _____</td><td>washrooms _____</td></tr> <tr><td>Laboratories _____</td><td>Other (specify) _____</td></tr> </table>	Athletic field _____	Locker _____	Auditorium _____	Pool _____	Cafeteria _____	Sch. grounds _____	Classroom _____	_____ shop _____	Corridor _____	Showers _____	Dressing room _____	Stairs _____	Gymnasium _____	Toilets and _____	Home Econ. _____	washrooms _____	Laboratories _____	Other (specify) _____			<p>What recommendations do you have for preventing other accidents of this type? _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
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Signed: Principal: _____ Teacher: _____

- A. Use Part **A** of the form to report *all* student accidents. Injuries requiring a doctor's care, or keeping a student out of school one-half day or more, should be reported regardless of where the student was when injured (on school property, enroute to or from school, at home or elsewhere).
- B. Use Part **B** of the form to report additional information on injuries to students while under the jurisdiction of the school. School jurisdiction accidents, however slight, should be reported promptly. Unless otherwise defined by administrative ruling or court action, school jurisdiction accidents are those occurring while students are on school property, in school building and on the way to and from school.

IMPORTANT: In order that maximum use be made of accident reports, it is essential that the accident be described in sufficient detail to show the unsafe acts and unsafe conditions existing when the accident occurred. The description should answer such questions as: What was the student doing at the time of the accident? (Playing tag or football, operating lathe, cutting lawn, etc.) Was he using any apparatus, machine, vehicle, tool or equipment? How was he using it? Would it have been safer to do it some other way? Was another person involved in the accident in any way?

(For further information on the preparation of the original accident report and the monthly summary sheet, see *Safety Education Memo No. 3—STUDENT ACCIDENT RECORDS AND ANALYSIS.*)

Please denote area of injury.

The bones

The bones support the body and give it shape. They protect the internal organs and act as a system of levers, moved by muscles. Red and white blood cells are produced in the red marrow of some bones and reserves of calcium, sodium and phosphorus are stored in them.

The muscles

Muscles act in groups under the control of the nervous system. Skeletal muscle accounts for about half of the weight of an adult. It moves bones by contracting or relaxing. It is attached to the bone directly or by tendons.

