

STUDENT ACCIDENT/INCIDENT REPORT FORM

School Alliance Insurance Fund

THIS REPORT IS TO BE FILLED OUT BY EITHER THE SCHOOL NURSE OR A RESPONSIBLE INDIVIDUAL IN THE DISTRICT WHO HAS THE ACCIDENT & INJURY REPORTED TO THEM.

School District:	Location of accident (Please be specific):	Date of accident:	Time of Accident: ____:____ AM ____:____ PM
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STUDENT: Home Rm. _____	Name: _____ Address: _____ City: _____ State: _____ Zip: _____ Home phone : _____ Business Phone : _____	Student's Social Security # _____ - _____ - _____ Treatment was (Check One): _____ First Aid _____ Medical _____ Hospitalization Treatment Provided By: _____
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Type of Treatment: _____

WITNESS:	Name: _____ Address: _____ City: _____ State: _____ Zip: _____ Home phone: _____ - _____ - _____ Bus: _____ - _____ - _____
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STUDENT'S DESCRIPTION OF ACCIDENT:

Parents Notified? ____ Yes ____ No	Copy of this report sent to Risk Management Consultant? ____ Yes ____ No
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Signature of Party Filling Out This Form.

STOP!	THE REMAINDER OF THIS FORM IS FOR ACCIDENTS THAT REQUIRE MEDICAL ATTENTION OR HOSPITALIZATION ONLY. (DO NOT INVESTIGATE NORMAL SPORTS INJURIES!)
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ACCIDENT/INCIDENT DETAILS (When answering the questions that follow, bear in mind that it is important to get to the root cause of the accident. So investigate the situation thoroughly. Don't settle for the obvious answer

DESCRIBE WHAT THE STUDENT WAS DOING JUST PRIOR TO AND AT THE TIME OF THE ACCIDENT –

WERE WRITTEN OR ACCEPTED RULES OF THE SCHOOL FOLLOWED PRIOR TO THE ACCIDENT/INCIDENT?
IF NOT, EXPLAIN

WHAT CAUSED THE ACCIDENT?

ACCIDENT CLASSIFICATIONS (CHECK ONE IN EACH CATEGORY)

TYPE OF ACCIDENT:

Caught In/Between	Slip/Trip	Lifting, Carrying, Reaching	Collision/Upset of Vehicle	Inhalation	Cumulative Trauma
Struck By	Fall - Same Level	Pushing or Pulling	Foreign Body	Ingestion	Walk, Run, Jumping
Struck Against	Fall - Different Level	Twisting, Bending, Stretching	Cut/Puncture/Scrape	Exposure To:	Contact With
Sports Activity	OTHER (Explain):				

AGENCY OF ACCIDENT

Machinery	Hand Tool	Ladder	Scaffold	Work Platform	Pressure Vessel
Floor	Stairs	Elevator	Ramp	Walkway	Foreign Body
Parking Lot	Chemical	Water	Snow/Ice	Electrical	Sports Equip.
Chemical	Vehicle	Power Equip.	Grease/Oil	Ground (Grass/Other)	Elec.. Cords
Human	Bleachers/Bench	Other (Explain):			

BODY PART AFFECTED

Head & Neck	Upper Extremities	Body	Lower Extremities
Head	Shoulder R - L	Back	Hip R - L
Scalp/Skull	Upper Arm R - L	Chest	Thigh R - L
Eye R - L	Elbow R - L	Abdomen	Knee R - L
Ear R - L	Forearm R - L	Groin	Lower Leg R - L
Nose	Wrist R - L	Body-Multiple	Ankle R - L
Face	Hand R - L		Foot R - L
Mouth	Fingers		Toe(s)
Neck	Multiple		Multiple

TYPE OF INJURY

Laceration	Puncture	Concussion	Contusion	Irritation	Insect Bite
Hernia	Dislocation	Strain/Sprain	Poisoning	Amputation	Other _____
Shock (Elec.)	Fracture	Abrasion	Hearing Loss	Exposure	
Burn	Burn (Chemical)	Dermatitis	Heat Exhaustion	Asphyxia	

CORRECTIVE ACTION

WHAT COULD HAVE PREVENTED THE ACCIDENT/INCIDENT?

WHAT ACTIONS HAVE BEEN, OR SHOULD BE, TAKEN TO REDUCE THE LIKELIHOOD OF ACCIDENTS OF THIS NATURE FROM RECURRING?

NOTE: ADDITIONAL COMMENTS AND/OR NOTES CAN BE ADDED TO A SEPARATE PIECE OF PAPER IF NEEDED.

Signature _____
 HAS CORRECTIVE ACTION BEEN TAKEN?
 Version 2: 09/09/09

Reviewed by: (For the District Safety Committee)
 YES ___ NO ___ If yes, date ___/___/___