(See other side for procedure/criteria for reporting)

SHORELINE SCHOOL DISTRICT

REPORT OF ACCIDENT

School ____________

Name ____________ Age ____ Grade ____ Sex: ☐M ☐F Date: ____________

Parents: ____________ Phone: ____________ Time: ______AM ______PM

Address: ____________ Student Insurance: ☐Yes ☐No

Time Loss due to accident: ____________days

LOCATION/ACTIVITY

PLACE OF ACCIDENT

- ☐ To/from school
- ☐ Athletic field/gym
- ☐ Grounds
- ☐ Playground Apparatus
- ☐ Halls, Breezeways, stairs
- ☐ Cafeteria/auditorium
- ☐ Classroom (specify)____________
- ☐ Other (specify)____________

TYPE OF ACTIVITY: (Check which:)

Baseball	☐	Intramural	☐
Basketball	☐	Soccer	☐
X-Country	☐	Swimming	☐
Field Hockey	☐	Tennis	☐
Football	☐	Track	☐
Golf	☐	Volleyball	☐
Horseplay	☐	Wrestling	☐

Other: ____________

IMMEDIATE ACTION TAKEN

DESCRIPTION OF ACCIDENT: How did the accident happen? What was student doing ? Where was student?

____

____

FIRST AID TREATMENT: ____________

____

____________Treatment By (name) ____________

TAKEN TO: ☐ School Nurse ☐ Home ☐ Physician ☐ Hospital - By____________

Physician's Name ____________Hospital Name ____________

FOLLOW-UP: (Date. . .) ____________

____

By whom: ____________ Date: ____________

PART OF BODY INJURED

Abdomen	☐	Foot	☐
Ankle	☐	Hand	☐
Arm	☐	Head	☐
Back	☐	Knee	☐
Chest	☐	Leg	☐
Ear	☐	Mouth	☐
Elbow	☐	Nose	☐
Eye	☐	Scalp	☐
Face	☐	Tooth	☐
Finger	☐	Wrist	☐

Other (Specify) ____________

Abrasion	☐	* Fracture	☐
Amputation	☐	Laceration	☐
Asphyxiation	☐	Poisoning	☐
Bite	☐	Puncture	☐
Bruise	☐	Scalds	☐
Burn	☐	Shock	☐
* Concussions	☐	* Sprain	☐
* Dislocation	☐	Other(Specify)	____

FINAL DIAGNOSIS: ____________

* Possible

Was a parent or other individual notified? Yes: ☐ No: ☐ When:________ How:________

Name of individual notified: ____________ By Whom (name): ____________

Witnesses: 1. Name: ____________Address: ____________

2. Name: ____________Address ____________

Signed:

Teacher: ____________Nurse: ____________Principal: ____________

TO SAFETY DIRECTOR (Recommendations for prevention of similar accidents): Use separate form.

SHORELINE PUBLIC SCHOOLS

ACCIDENT REPORT CRITERIA

An accident report should be filed on any accident if:

1. Aid car is called.
2. Person is referred to doctor.
3. Person is hospitalized.
4. Symptoms persist beyond reasonable time.
5. Person has known health problems.
6. Accident results in half day or more time loss.
7. Accident is due to misuse/malfunction of equipment.
8. Parent expresses a concern about circumstances surrounding accident.
9. Person had previous unjury to body part.
10. Injury to head (eye, ear, teeth, face, possible concussion).
11. Noxious substance is ingested.
12. Non-school persons are involved.

NOTE: The decision to file an accident report is in many cases judgemental. The above ciriteria are only guidelines. The best rule of thumb is, "When in doubt, file a report."

Forward written report in quadruplicate to Business Office as soon as possible after facts are determined. Report serious accidents/aid car immediately by telephone to Safety Director.

-Keep original single copy of report on file at school.