

INDIAN DIGGINGS SCHOOL ACCIDENT REPORT

STUDENT/ADULT: _____ DATE OF BIRTH _____ AGE: _____ GRADE: _____

HOME ADDRESS: _____ PHONE: _____

DATE OF INJURY: _____ TIME OF INJURY: _____ DID INJURY RESULT FROM VIOLENCE OR AGGRESSION: YES _____ NO _____

WAS FIRST AID GIVEN? _____ YES _____ NO BY WHOM? _____

DESCRIBE FIRST AID PROVIDED: _____

IS STUDENT COVERED BY INSURANCE? _____ YES _____ NO BY WHOM? _____

WAS THERE A VIOLATION OF A SCHOOL RULE BY THIS STUDENT OR ANYONE ELSE? _____ YES _____ NO

WAS ACCIDENT DUE TO FAULTY APPARATUS OR MATERIAL? _____ YES _____ NO

WHO ELSE WAS INVOLVED BESIDES STUDENT? _____ ANOTHER STUDENT _____ OUTSIDE PERSON _____ NO ONE _____

WITNESSES (ADDRESS & PHONE NUMBERS IF AVAILABLE): EMPLOYEE IN CHARGE (ADDRESS & PHONE NUMBERS IF AVAILABLE):

BRIEFLY DESCRIBE THE INCIDENT _____

INJURY LOCATION	
Athletic Field/Court	Parking Lot
MPR	Playground
Bathroom	Classroom 1
Classroom 2	Classroom 3
Hall	Sidewalk
Outside Lunch Area	Stairs
Library	Off Campus
Other (Specify)	

CAUSE OF INJURY	
Animal/Insect	Hand Tool
Another Student	Pole
Building	Power Tool
Chemicals	Self
Classroom	Sports
Materials	Equipment
Fence/Gate	Surface
Food/Drink	Thrown Object
Furniture	Vehicle
Other (Specify):	

BODY PART		
Side of Body: ___ Left ___ Right		
Ankle	Foot	Mouth
Arm	Groin	Neck
Back	Hand	Nose
Chest	Head	Ribs
Ear	Hip	Shoulder
Elbow	Internal	Stomach
Eye	Knee	Tooth
Face	Leg	Wrist
Finger		
Other (Specify)		

SPORTS/RECREATION ACTIVITY	
Baseball	Softball
Basketball	Tennis
Cheerleading	Tetherball
Dance	Track & Field
Dodgeball	Volleyball
Football	Water Sports
Gymnastics	Weights
Soccer	Wrestling
Other (Specify):	

NATURE OF INJURY	
Abrasion	Foreign Body
Bite/Sting	Fracture Possible
Bleeding	Internal
Bruise	Nausea
Burn	No Visible Injury
Chemical Exp.	Pain
Chipped/Lose Tooth	Puncture
Concussion	Redness
Cut	Sprain/Strain
Dislocation	Swelling
Dizziness	
Other (Specify):	

PLAYGROUND EQUIPMENT	
Bars	
Climbing Equipment	Slide
Multi-Use	Sliding Pole
Rings	Swings
Rock Wall	
Other (Specify):	

WERE PARENTS CONTACTED? ___ YES ___ NO DESCRIBE THEIR REACTION: _____

WAS STUDENT: _____ RETURNED TO CLASS _____ SENT HOME _____ TAKEN TO HOSPITAL _____ OTHER (SPECIFY) _____
 COMMENTS: (ATTACH ADDITIONAL PAGES AS NEEDED)

REPORT COMPLETED BY: _____ TITLE: _____ DATE: _____ PHONE: _____

ADMINISTRATION SIGNATURE _____