

# STUDENT ACCIDENT REPORT FORM

## PLEASANT VIEW R-VI

128 SE 20<sup>th</sup> Street Trenton, MO 64683  
(660) 359-3438

Date: \_\_\_\_\_

Name of Student: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Sex:  M  F

Student Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

**PLACE OF ACCIDENT:**  School Building  School Grounds  To/From School  
 Home  Other \_\_\_\_\_

**NATURE OF INJURY:**  Abrasion  Amputation  Asphyxiation  Bite \_\_\_\_\_  Bruise  
 Burn  Concussion  Cut  Dislocation  Fracture  Head injury  Laceration  
 Poisoning  Puncture  Scalds  Scratches  Sprain  Other \_\_\_\_\_

**DESCRIPTION OF ACCIDENT:** (How did the accident happen? What was the student doing? Where was student? Specific location e.g.: Gym, Classroom, bathroom etc. Specific activity. List specifically unsafe acts and unsafe conditions existing. Specify any tool, machine, or equipment involved.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DEGREE OF INJURY:**  Death  Permanent Impairment  Temporary Disability  Nondisabling

Total number of days lost from school: \_\_\_\_\_ (To be filed when student returns to school.)

Teacher in charge when accident occurred: \_\_\_\_\_

Present at scene of accident:  Yes  No

**IMMEDIATE ACTION TAKEN:**

First aid treatment by (name): \_\_\_\_\_

Sent to school nurse by (name): \_\_\_\_\_

Sent Home by (name): \_\_\_\_\_

Sent to Physician (Name of Physician \_\_\_\_\_) by (name) \_\_\_\_\_

Sent to Hospital (Name of Hospital \_\_\_\_\_) by (name) \_\_\_\_\_

Was parent or guardian notified?  No  Yes : Date: \_\_\_\_\_ Time: \_\_\_\_\_ How: \_\_\_\_\_

**For Head injury:**  Parent was notified by:  in person  by phone By (name) \_\_\_\_\_

Head injury sheet sent home. By (name) \_\_\_\_\_

Name of person notified: \_\_\_\_\_ Notified by: \_\_\_\_\_

Witness of notification: 1. \_\_\_\_\_ 2. \_\_\_\_\_

**REMARKS:** \_\_\_\_\_

\_\_\_\_\_