

## Adair County School District Student Accident Report

This form is to be completed by the appropriate employee as soon as possible after the accident occurs.

School Name: _____	School Phone: _____
Principal Name: _____	Supervising Employee: _____
Date of Accident: _____	Time: _____ O AM O PM

Claimant's Name: _____	
Claimant's Address: _____	
Telephone Number: _____	Grade: _____
Claimant's Age: _____ Date of Birth: _____	Sex: _____
Parent's Name: _____	Work Number: _____

Nature of Injury	
<input type="checkbox"/> Bite	<input type="checkbox"/> Dislocation
<input type="checkbox"/> Bruise	<input type="checkbox"/> Fracture
<input type="checkbox"/> Burn	<input type="checkbox"/> Head Injury
<input type="checkbox"/> Concussion	<input type="checkbox"/> Scratch
<input type="checkbox"/> Cut/Puncture	<input type="checkbox"/> Sprain/Strain
Other: _____	

Place of Accident	
<input type="checkbox"/> Athletic Field	<input type="checkbox"/> Hallway
<input type="checkbox"/> Bathroom	<input type="checkbox"/> Parking Lot
<input type="checkbox"/> Cafeteria	<input type="checkbox"/> Playground
<input type="checkbox"/> Classroom	<input type="checkbox"/> Sidewalk
<input type="checkbox"/> Gymnasium	<input type="checkbox"/> Stairs
Other: _____	

Body Part Injured		
<input type="checkbox"/> Ankle	<input type="checkbox"/> Foot	<input type="checkbox"/> Neck
<input type="checkbox"/> Arm	<input type="checkbox"/> Finger	<input type="checkbox"/> Nose
<input type="checkbox"/> Back	<input type="checkbox"/> Hand	<input type="checkbox"/> Teeth
<input type="checkbox"/> Chest	<input type="checkbox"/> Head	<input type="checkbox"/> Shoulder
<input type="checkbox"/> Eye	<input type="checkbox"/> Knee	<input type="checkbox"/> Wrist
<input type="checkbox"/> Face	<input type="checkbox"/> Leg	
Other: _____		

Describe the nature of the injury in detail: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Were efforts made to contact the parent/guardian about the accident?     Yes     No

Was student taken to the school nurse?     Yes     No

Was coach/teacher immediately notified of the injury?     Yes     No

Was the student :     sent home     sent to hospital     sent to doctor

List witnesses:		
Name	Address	Phone Number

\_\_\_\_\_  
Signature/Name of Person Completing the Report

\_\_\_\_\_  
Date

Forward completed form to Steve Turner or Ruth Redmon at the Central Office for further disposition.