

Ephrata School District

STUDENT ACCIDENT REPORT FORM
TO BE USED FOR ALL ACCIDENTS

Person Completing Form

Date

| | | | |
|------------------|--|----------------------|-----------|
| Name | | Home Address | Phone # |
| School | | Gender M F | Age |
| Date of Accident | | Time of Accident | Birthdate |

| NATURE OF INJURY (check all that apply) | | BODY PART INJURED (check all that apply) | | | LOCATION | | SPECIFY ACTIVITY |
|---|--------------------------|---|--------------------------|--------------------------|----------------|--------------------------|--|
| | | | Right | Left | | | |
| Accidental | <input type="checkbox"/> | | | | Auditorium | <input type="checkbox"/> | If the accident was the result of machine or equipment failure, specify the failure in detail. |
| Accidental Contact | <input type="checkbox"/> | Ankle | <input type="checkbox"/> | <input type="checkbox"/> | Bus/Bus Stop | <input type="checkbox"/> | |
| Animal Bite/Sting | <input type="checkbox"/> | Arm | <input type="checkbox"/> | <input type="checkbox"/> | Cafeteria | <input type="checkbox"/> | |
| Assault | <input type="checkbox"/> | Back | <input type="checkbox"/> | <input type="checkbox"/> | Gym | <input type="checkbox"/> | |
| Assault w/Weapon | <input type="checkbox"/> | Ear | <input type="checkbox"/> | <input type="checkbox"/> | Hallway | <input type="checkbox"/> | |
| Athletic Injury (after school) | <input type="checkbox"/> | Elbow | <input type="checkbox"/> | <input type="checkbox"/> | Library | <input type="checkbox"/> | |
| Athletic Injury (during school) | <input type="checkbox"/> | Eye | <input type="checkbox"/> | <input type="checkbox"/> | Locker room | <input type="checkbox"/> | |
| Bio-Hazard Exposure | <input type="checkbox"/> | Face | <input type="checkbox"/> | <input type="checkbox"/> | Off Campus | <input type="checkbox"/> | |
| Burn/Scald | <input type="checkbox"/> | Finger | <input type="checkbox"/> | <input type="checkbox"/> | Parking Lot | <input type="checkbox"/> | |
| Chemical Exposure | <input type="checkbox"/> | Foot | <input type="checkbox"/> | <input type="checkbox"/> | Playground | <input type="checkbox"/> | |
| Chipped Tooth | <input type="checkbox"/> | Hand | <input type="checkbox"/> | <input type="checkbox"/> | Restroom | <input type="checkbox"/> | |
| Choking | <input type="checkbox"/> | Head | <input type="checkbox"/> | <input type="checkbox"/> | School Grounds | <input type="checkbox"/> | |
| Electrical Injury | <input type="checkbox"/> | Hip | <input type="checkbox"/> | <input type="checkbox"/> | Shop | <input type="checkbox"/> | |
| Eye | <input type="checkbox"/> | Knee | <input type="checkbox"/> | <input type="checkbox"/> | Field | <input type="checkbox"/> | |
| Fall from Elevated Surface | <input type="checkbox"/> | Leg | <input type="checkbox"/> | <input type="checkbox"/> | Other | <input type="checkbox"/> | |
| Fracture | <input type="checkbox"/> | Mouth | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| Hit by Foreign Object | <input type="checkbox"/> | Nose | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| Horseplay | <input type="checkbox"/> | Wrist | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| Human Bite | <input type="checkbox"/> | Other | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| Illness | <input type="checkbox"/> | | | | | | |
| Laceration | <input type="checkbox"/> | Does the student carry school accident insurance? YES <input type="checkbox"/> NO <input type="checkbox"/> | | | | | |
| Medical Condition | <input type="checkbox"/> | | | | | | |
| Puncture Wound | <input type="checkbox"/> | Number of days missed school | | | | | |
| Smashed | <input type="checkbox"/> | | | | | | |
| Struck Stationary Object | <input type="checkbox"/> | Person in charge when accident occurred Present at time of accident YES NO | | | | | |
| Trip/Slip | <input type="checkbox"/> | Administrator's Signature | | | | | |
| Vocational | <input type="checkbox"/> | | | | | | |
| | <input type="checkbox"/> | | | | | | |
| ACTION TAKEN | <input type="checkbox"/> | BY WHOM: SPECIFY ACTION TAKEN | | | | | |
| First Aid Treatment | <input type="checkbox"/> | | | | | | |
| Sent to School Nurse | <input type="checkbox"/> | | | | | | |
| Ambulance Called | <input type="checkbox"/> | | | | | | |
| Sent to Hospital | <input type="checkbox"/> | | | | | | |
| No Treatment | <input type="checkbox"/> | | | | | | |
| Called Parents/Guardian | <input type="checkbox"/> | | | | | | |
| Sent Home | <input type="checkbox"/> | | | | | | |
| Other | <input type="checkbox"/> | | | | | | |

WITNESSES: List all witnesses, use backside of sheet if necessary

| | | |
|------|---------|--------------|
| Name | Address | Phone Number |
|------|---------|--------------|

| | | |
|------|---------|--------------|
| Name | Address | Phone Number |
| Name | Address | Phone Number |

DESCRIPTION OF ACCIDENT: (USE BACKSIDE OF SHEET, IF NECESSARY)

PROCEDURE FOR ACCIDENT REPORTS

Accident Report is to be filled out:

As a result of an accident and there is:

- Blood dispersal
- Severe and immediate bruising
- Student reports pain as a result of a significant force injury
- If first aid equipment is used (Gauze, tape, ice pack)

If head, neck, or back pain....**DON'T MOVE PATIENT**

Fill out accident report if you have any doubts, (it is better to error on the safe side)

If injury occurs prior to school, note it on sick room log

Log will be kept for 8 years after the entry

After accident report is completed:

Have building principal review

Original is to be kept until the student is 21 years of age or 8 years after the incident.
These records are kept at the individual schools in a notebook, by birth year.

Send one copy to Canfield and Associates twice yearly – in January and at the end of each school year.