

# STUDENT ACCIDENT REPORT

<p style="text-align: center; margin: 0;"><b>TO BE COMPLETED IMMEDIATELY!</b></p> <p style="font-size: small; margin: 0;">THE SCHOOL EMPLOYEE WHO EITHER WITNESSES THE STUDENT INJURY OR IS SUPERVISING THE STUDENT AT THE TIME OF INJURY SHOULD COMPLETE THIS FORM, IF POSSIBLE. THE REPORT SHOULD BE SUBMITTED IMMEDIATELY TO THE PRINCIPAL'S OFFICE. SHOULD OTHER PERTINENT FACTS DEVELOP, NOTIFY THE PRINCIPAL'S OFFICE.</p>	<p style="margin: 0;"><b>CONFIDENTIAL REPORT</b></p> <p style="font-size: small; margin: 0;">THIS REPORT IS FOR THE CONFIDENTIAL USE OF NBSIA AND OF ATTORNEYS FOR THE SCHOOL DISTRICT AND ITS EMPLOYEES IN DEFENDING LITIGATION.</p>
--	---

SCHOOL DISTRICT _____	SCHOOL _____
-----------------------	--------------

SCHOOL ADDRESS _____	PHONE NO. _____
----------------------	-----------------

STUDENT'S NAME _____	PARENT/GUARDIAN NAME _____	DATE OF BIRTH _____	SEX _____	GRADE _____
----------------------	----------------------------	---------------------	-----------	-------------

HOME ADDRESS _____	PHONE NO. _____
--------------------	-----------------

WHERE DID ACCIDENT OCCUR? _____	DATE OF INCIDENT _____
---------------------------------	------------------------

TIME OF INCIDENT _____
------------------------

DESCRIPTION OF ACCIDENT _____ _____
--

<p><b>NATURE OF INJURY</b></p> <table style="width: 100%; font-size: small;"> <tr> <td>Abrasion _____</td> <td>Burn _____</td> <td>Fracture _____</td> </tr> <tr> <td>Asphyxiation _____</td> <td>Concussion _____</td> <td>Poisoning _____</td> </tr> <tr> <td>Bite _____</td> <td>Cuts _____</td> <td>Puncture _____</td> </tr> <tr> <td>Bruise _____</td> <td>Dislocation _____</td> <td>Scratches _____</td> </tr> <tr> <td>Sprain _____</td> <td></td> <td></td> </tr> </table> <p>Other (specify) _____</p>	Abrasion _____	Burn _____	Fracture _____	Asphyxiation _____	Concussion _____	Poisoning _____	Bite _____	Cuts _____	Puncture _____	Bruise _____	Dislocation _____	Scratches _____	Sprain _____			<p><b>PART OF BODY INJURED</b></p> <table style="width: 100%; font-size: small;"> <tr> <td>Abdomen _____</td> <td>Eye _____</td> <td>Leg _____</td> </tr> <tr> <td>Ankle _____</td> <td>Face _____</td> <td>Mouth _____</td> </tr> <tr> <td>Arm _____</td> <td>Finger _____</td> <td>Nose _____</td> </tr> <tr> <td>Back _____</td> <td>Foot _____</td> <td>Scalp _____</td> </tr> <tr> <td>Cheek _____</td> <td>Hand _____</td> <td>Tooth _____</td> </tr> <tr> <td>Ear _____</td> <td>Head _____</td> <td>Wrist _____</td> </tr> <tr> <td>Elbow _____</td> <td>Knee _____</td> <td></td> </tr> </table> <p>Other (specify) _____</p>	Abdomen _____	Eye _____	Leg _____	Ankle _____	Face _____	Mouth _____	Arm _____	Finger _____	Nose _____	Back _____	Foot _____	Scalp _____	Cheek _____	Hand _____	Tooth _____	Ear _____	Head _____	Wrist _____	Elbow _____	Knee _____	
Abrasion _____	Burn _____	Fracture _____																																			
Asphyxiation _____	Concussion _____	Poisoning _____																																			
Bite _____	Cuts _____	Puncture _____																																			
Bruise _____	Dislocation _____	Scratches _____																																			
Sprain _____																																					
Abdomen _____	Eye _____	Leg _____																																			
Ankle _____	Face _____	Mouth _____																																			
Arm _____	Finger _____	Nose _____																																			
Back _____	Foot _____	Scalp _____																																			
Cheek _____	Hand _____	Tooth _____																																			
Ear _____	Head _____	Wrist _____																																			
Elbow _____	Knee _____																																				

First aid applied? <input type="checkbox"/> YES <input type="checkbox"/> NO	By whom? _____	Disposition of injured student (return to class, home, Dr., hospital) _____
--	----------------	--

Were parents contacted by school? If yes, explain below (comments) <input type="checkbox"/> YES <input type="checkbox"/> NO	Have parents contacted school? If yes, explain below (comments) <input type="checkbox"/> YES <input type="checkbox"/> NO	Were Parents or Student Told They Would Be Contacted Again? Explain Below (Comments) <input type="checkbox"/> YES <input type="checkbox"/> NO
---	--	---

WITNESSES PRESENT AT TIME		
NAME	ADDRESS	PHONE NO.

Does injured student have school accident insurance coverage? <input type="checkbox"/> YES <input type="checkbox"/> NO	Name of insurance company _____
---	---------------------------------

Was any school rule violated? <input type="checkbox"/> YES <input type="checkbox"/> NO	Name of supervisor on duty at time of accident _____
	Was supervisor present at time of accident? <input type="checkbox"/> YES <input type="checkbox"/> NO

COMMENTS _____ _____
-------------------------

REPORT SUBMITTED BY _____	POSITION _____	DATE _____	PRINCIPAL OR DESIGNEE SIGNATURE _____	DATE _____
---------------------------	----------------	------------	---------------------------------------	------------