

Baldwin-Whitehall School District
Accident Report

An accident report should be made out in triplicate for all accidents or injuries which occur in school buildings, on school grounds or enroute to or from school. The original is sent to the Human Resources Manager, a copy to the Principal, and a copy is retained for the nurse's file.

Name _____ Phone _____

School Attending _____ Grade _____

Person in charge when accident occurred: _____

History of Accident or Injury: _____ Date _____ Approximate Time _____

Place of Accident: School Building School Grounds To School From School
 Other _____

How did accident happen? (Describe the accident fully; what the student was doing, whether injured person fell or was struck, etc., and all factors contributing to the accident. List unsafe acts and conditions existing.

Nature and location of injury (include signs and symptoms): _____

Disposition of Case:

1. Subject refused treatment Yes No Blood/body fluid exposure Yes No

2. First Aid was rendered Yes No Nature of First Aid _____

By Whom _____

3. Parents contacted Yes No Informed of body fluid exposure Yes No

Parents advised to See Family Physician Seek Emergency Treatment

Other _____

4. Accident handled entirely by parents Yes No

5. Subject taken to hospital _____

Hospital

How

Treatment received _____

6. Subject taken to physician _____

Physician

How

Treatment received _____

7. Sent/taken to school nurse Yes No

Signatures: Person completing this report _____

Principal _____