**GENERAL INFORMATION**

School \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ o Student o Employee

A.Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last First Middle Initial

B. Grade \_\_\_\_\_\_\_\_\_\_\_\_ C. Age \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ D. Sex  Male

Female

**ACCIDENT INFORMATION**

A. Time of Accident \_\_\_\_\_\_\_\_a.m. \_\_\_\_\_\_\_\_\_\_\_\_\_\_p.m. Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

B. Supervised Activity?  Yes  No

C. If yes, person in charge \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

D. Nature of Injury (may be completed after medical examination)

Abrasion  Burn  Fracture Sprain

Bruise  Concussion  Laceration  Strain

Bump  Dislocation  Puncture  Other

E. Part of Body Injured

I. Head II. Trunk III. Arms IV. Legs

Scalp  Chest  Shoulder  Hip

Back  Abdomen  Upper Arm  Upper Leg

Front  Back  Elbow  Knee

Eyes  Lower Arm  Lower Leg

Ear  Hand  Foot

Nose  Fingers  Toes

Mouth

Tooth

Neck

F. Kind of Accident (check one) G. Where Accident Happened (check one)

Animal bite or insect bite  Athletic Field

Collision with student (bump, etc.)  Cafeteria

Contact with hot or toxic substance  Classroom

Fall or slip  Gym

Fighting  Hallway

Struck by auto, bike, etc.  Playground

Struck by object (swing, etc.)  Restroom

Student collided with object  School Bus

Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Stairway