**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