STUDENT ACCIDENT REPORT

***Panhandle Area Educational Consortium* (PAEC)**

Risk Management

THIS FORM IS TO BE COMPLETED BY THE APPROPRIATE EMPLOYEE(S) AS SOON AS POSSIBLE AFTER AN ACCIDENT

PLEASE PRINT OR TYPE BACK AND FRONT

District Name:______________________________ School Name:____

Address:____ Principals Name:___________________________

School Phone: ( )__________________ Date of Accident:____________ Time:________________AM___PM___

Supervising Teacher or Employee:____

Student's Name:_____________________________. _______________________________. ______________________
Last Name First Name Middle Name

Student's Address:____________________________, _______________________________, _________, ______________
Street City State Zip Code

Home Phone Number: ( ) _________________________

Student's Age:___________ Date of Birth:_________________ Sex: ____Male ______Female Grade Level: ________

Parent's Name (of student):_______________________________ Work Phone Number: ( ) ______________________

NATURE OF INJURY

CHECK ONE OR MORE

____Scratch ____Concussion

____Fracture ____Head Injury

____Bruise ____Sprain

____Strain ____Burn

____Puncture ____Abrasion

____Dislocation ____Bite

____Laceration

____Other:________________

PLACE OF ACCIDENT

CHECK ONE OR MORE

____Classroom ____Gymnasium

____Hallway _____Parking Lot

____Bathroom _____Sidewalk

____Cafeteria _____Stairs

____Playground ____Athletic Field

____School Bus _____To/From School

____Vocational Shop or Lab

____Other:______________________

BODY PART INJURED

CHECK ONE OR MORE

___Ankle ___Foot ___Leg

___Arm ___Face ___Nose

___Back ___Finger (s) ___Teeth

___Neck ___Hand ___Wrist

___Eye ___Knee ___Shoulder

___Chest ___Hip ___Toes

___Left Side ___Right Side

___Other:____________________________

KIND OF ACCIDENT

____Animal bite or insect bite

____Collision with student

____Contact with hot or toxic substance

____Fall or slip

____Struck by student/auto/bike etc.

____Collision with object

____Other:____________

ENVIRONMENTAL FACTORS

___Crowding ___Doors

___Equipment ___Lighting

___Hard Surface ___No Handrails

___Floors ___Wet/Sandy

___Chair ___Ladders

___Weather ___Carpeting/Rugs

___Safety Guard Removed

___Other:____________________

HUMAN FACTORS

___Active game

___Fatigue

___Horseplay

___Fighting

___Lack of training or experience

___Preoccupation

___Running

___Workplace safety violation

___No personal protective equipment

___Other:______________________

Were efforts made to contact the parent/guardian about the accident? ___Yes ___No Time:___________

Was First Aid administered? ___Yes ___No

Were photos take of injury and accident site? ___Yes ___No Who has Photos?_____________________

Was the student sent: ___Back to Class ___Home ___Physician ___Hospital

By whom (Name):____

Witnesses (Name, Address, Phone):____

____

IF MEDICAL OR HOSPITAL TREATMENT WAS REQUIRED, PLEASE COMPLETE THE FOLLOWING:

Name and address of doctor or hospital:____

____

ACTION TAKEN TO PREVENT SIMILAR ACCIDENT

Check one or more

INSTRUCTIONAL:

___Discussed at staff meeting Date:___________   ___Discussed in each class as part of regular instruction Date:________

___Discussed with parents   Date:___________   ___Personal instruction given to person in charge   Date: _________

___Presented as a subject of assembly program   Date:___________

POLICY OR CORRECTIVE ACTION:

___Environment changes affected. Date:_________   ___Notified school safety committee. Date:__________

Safety rules amended to prevent recurrence. Date:_________   ____Supervision (training) Date:__________

Safety specialist (PAEC) invited to school to assist in safety program. Date:________

____

OTHER:

No action taken, why:____

____

Describe accident and injury in detail:

_______________________________________   _______________________________________

SIGNATURE OF TEACHER   SIGNATURE OF PRINCIPAL

Mail complete form to: PAEC Safety Specialist, 753 West Blvd, Chipley, FL 32428
Email: ganstinet@paec.org
Call Immediately If Accident Is Serious:
Toll Free (877) 873-7232 or (850) 638-6131 ext: 2330 or Fax (850) 638-6109