

REPORT BY TEACHER OF ACCIDENT OR INJURY TO PUPIL

(To be made in Triplicate for Nurse, Principal, and Administrator)
(Underline on Copies for proper delivery)

Child's Name Home Address

School Grade Age Sex Color

Time of Accident: A.M. P.M. Date

Place of Accident: School Building Grounds Play Ground To or From School

PART INJURED	Head Arm Leg Scalp Hand Hip Face Shoulder Knee Eye Elbow Ankle Ear Wrist Foot Nose Finger Toes Mouth Chest Back Teeth Abdomen Other: (Specify)	<p style="text-align: center;">DESCRIPTION OF ACCIDENT</p> How did it happen? What was student doing? Unsafe acts or conditions existing: Was machinery or equipment involved? If so, specify. Student hit by vehicle. Describe: Degree of Injury: Temporary Disability Non-Disabling Death Permanent Impairment Extent of Injury Unknown
TYPE OF INJURY	Abrasion Fracture Amputation Laceration Asphyxiation Poisoning Bite Puncture Bruise Scalds Burn Scratches Concussion Shock Cut Sprain Dislocation Other: (Specify)	
LOCATION OF ACCIDENT	Athletic Field Locker Auditorium Shop Cafeteria Shower Classroom Pool Corridor School Grounds Dressing Room Stairs Gymnasium Street Home Economics Washroom Laboratory Other: (Specify) Describe Street Accident:	Name of Teacher in Charge When Accident Occurred Present at scene of accident: Yes No Was a parent notified? Yes No When: How? Name of parent notified: By whom notified:
ACTION TAKEN	First aid treatment By Sent to nurse By Sent to physician By Sent to Accepted Treatment: Yes No Hospital (name) Refused Treatment: Yes Explain why on other side.	

Witnesses: Name Address

Name Address

Number of days lost from school: (complete when child returns to school)

Signatures: Principal

Teacher or Nurse

(Use reverse side to list recommendations for preventing other accidents of this type. Check at left.)