

STUDENT ACCIDENT REPORT

The school employee who either witnesses the student's injury, is the nurse, or is supervising the student at the time of the injury should complete this report. This report should be submitted immediately to the principal's office. The principal should complete their section of the report, take a copy for their records and send the original to the superintendent's office. Should other pertinent facts develop, notify the principal's office by means of a supplemental report, which should also be sent to the superintendent's office.

School District: Independent School District #318 - Grand Rapids, MN	School Name/Teacher or Bus Driver:
-------------------------------------------------------------------------	------------------------------------

School Address:	School Phone Number:
-----------------	----------------------

Student Name:	Gender:	Birth Date:	Grade:
---------------	---------	-------------	--------

Student Home Address:	Phone Number:
-----------------------	---------------

Where did the accident occur?	Date & Time of Accident:
-------------------------------	--------------------------

How did the accident occur?	Person in Attendance:
-----------------------------	-----------------------

Name of Witnesses Present at Time of Accident:	Address:	Phone Number:
------------------------------------------------	----------	---------------

Nature of Injury (Please Check):	Part of the Body Injured (Please Check): (Also Reference L=Left R=Right B=Both)
Abrasion <input type="checkbox"/> Cut <input type="checkbox"/> Fracture <input type="checkbox"/> Sprain <input type="checkbox"/> Bruise/Bump <input type="checkbox"/> Convulsion <input type="checkbox"/> Laceration <input type="checkbox"/> Burn <input type="checkbox"/> Dislocation <input type="checkbox"/> Puncture <input type="checkbox"/> Bruise/Bump <input type="checkbox"/> Head Injury <input type="checkbox"/> Shock <input type="checkbox"/> Other _____	Abdomen <input type="checkbox"/> Chest <input type="checkbox"/> Finger <input type="checkbox"/> Knee <input type="checkbox"/> Ankle <input type="checkbox"/> Elbow <input type="checkbox"/> Foot <input type="checkbox"/> Leg <input type="checkbox"/> Arm <input type="checkbox"/> Eye <input type="checkbox"/> Hand <input type="checkbox"/> Teeth <input type="checkbox"/> Back <input type="checkbox"/> Face <input type="checkbox"/> Head <input type="checkbox"/> Wrist <input type="checkbox"/> Other _____

Was First Aid Applied? Yes <input type="radio"/> No <input type="radio"/>	By Whom?	Disposition of Injured Student (return to class, home, doctor, hospital):
------------------------------------------------------------------------------	----------	---------------------------------------------------------------------------

Were parents contacted by the school regarding the injury? If yes, explain.

Were parents or student told they would be contacted again regarding the injury? If yes, explain.

Additional Comments:

Report Submitted by:	Position:	Date:
----------------------	-----------	-------

The section below is to be completed by the School Principal or Director.

Does injured student have school accident insurance coverage? If your office does not have this information, ISD #318's Activity Office has a master list of student who have this coverage. Please call 327-5777 or X45765 for this information.

Yes No Name of Insurance Company: _____

Was any school rule violated? Yes <input type="radio"/> No <input type="radio"/>	If yes, please explain and comment on supervision:
-------------------------------------------------------------------------------------	----------------------------------------------------

Were parents or student contacted by school regarding action taken for discipline? Yes No If yes, explain below:

Principal or Director Signature:	Date:
----------------------------------	-------