

**CROOK COUNTY SCHOOL DISTRICT
STUDENT ACCIDENT REPORT**

Name of School _____

Instructions: **“READ CAREFULLY & FILL IN COMPLETELY.”** Use this form to report all accidents involving injury to students that occur while they are under the jurisdiction of the school. School jurisdiction accidents are those occurring while the student is on school property, in school buildings, or on the way to and from school. **Important:** It is essential that the accident be described in sufficient detail to show safe and unsafe acts and conditions existing when the accident occurred. IF MORE ROOM IS NEEDED, please provide a written statement and attach to the document.

Attach all photos, drawings, and statements related to incident.

1. Name _____ Home Address _____

2. Sex M F Age _____ Supervising Employee _____

3. Time of Accident: Hour _____ A.M. P.M. Date _____

Apparent Nature of Injury

- Abrasion
- Amputation
- Bruise
- Burn
- Fracture
- Laceration
- Puncture
- Scratches

5. Description of Accident

How did the accident happen? What was the student doing? Where was student? List specifically unsafe acts and unsafe conditions existing. Specify any tool, machine, or equipment involved.

5a. Nature of Injury & Body Part Injured: _____

5b. Description & Location of Incident. If not witnessed, please enter student’s exact description using “Student states...”

Witness Signature _____ Witness’s Name _____ Contact Phone # _____

Witness Signature _____ Witness’s Name _____ Contact Phone # _____

Accident was not witnessed by adult/staff. Description is student stated.

6. Evaluation & Treatment

- Seen by School Nurse/Staff Member
(Name) _____
(Name) _____
- Sent Home
Transported by (Name) _____
- Sent to Physician
Transportation by (Name) _____
- Sent to Hospital
Transport by (Name) _____

Description of Evaluation & First Aid Treatment

Evaluator Signature _____ Evaluator Name _____ Contact Phone # _____

Proceed to Page 2

CCSD STUDENT ACCIDENT REPORT – PAGE 2

7. Was Parent or Other Individual Notified? Yes No When _____ How? _____

Comments made by Parents

Name of Individual Notified

By Whom? (Enter Name, print & sign)

8. Category

- Classroom Non-Athletics
 - Extra Curricular Athletics
 - Extra Curricular Non-Athletics
 - Physical Education
 - Other _____
 - Total number of days lost from school _____ (To be completed when student returns to school.)
- Bus
 - Horseplay
 - Recess

9. Follow-Up By Administrator

Date _____ Person Submitting Report _____

Administrator _____ Safety Officer _____

Admin. / Supervisor Comments