

STUDENT/PERSONNEL ACCIDENT/INJURY REPORT

Arcadia Local Schools

Date: _____

1. Name of Injured: _____ Age: _____ Sex M F

2. Address of injured: _____ Grade _____

3. Date of Accident: _____ Time of Accident: _____ a.m. p.m.

4. Place/location of accident: _____

5. Nature of injury: _____

6. Part of body injured: _____

7. Description of accident. How? What doing? Where? List specifically unsafe act and unsafe conditions existing. Specify any tool, machine, equipment, surface involved.

8. Days lost from school: _____

Additional Information on School Jurisdiction Accidents

9. Personnel in charge when accident occurred? _____

10. What action was taken immediately and by whom? _____

First Aid: _____ by Whom? _____

Sent Home: _____ by Whom? _____

Sent to Dr. _____ by Whom? _____

Sent to Hosp. _____ by Whom? _____

Emergency Squad Contacted? No Yes

11. Was parent notified? No Yes Time: _____ How: _____

By Whom? _____

Principal Signature: _____

Teacher/Employee Signature: _____