

STUDENT ACCIDENT REPORT

To be filled out for every accident involving a major injury to students on school property, en route to and from school and on school-sponsored activities. A major injury is one in which a student receives first aid, consults with a physician and/or loses time from school as a result of the injury. This report is to be filed as soon after an accident as possible (no later than 3 days) with copies sent to the appropriate office. Serious injuries must be reported immediately by telephone to the Deputy Superintendent's Office, as well as the Safety Office or the Risk Management Office.

SCHOOL _____ **SCHOOL NO.** _____

Injured Person _____ Male _____ Female _____

Address _____ Grade (or age) _____

HOW DID THE ACCIDENT/INJURY OCCUR? _____

1. Activity of student _____

2. Source of injury _____

_____ (If play ground apparatus please specify type)

3. Date of Injury _____ Time _____ Exact location (Be specific) _____

4. Nature of Injury _____

5. First aid procedure followed _____

6. Person in charge at time of accident _____

7. Did student see a physician? Yes ___ No ___ Don't Know ___

7a. Was student taken to hospital? Yes _ No ___

FIRST AIDER _____ **Teacher** _____

Principal's Signature

Date