BLOOMINGTON PUBLIC SCHOOLS

STUDENT ACCIDENT REPORT FORM

NAME: _____ HOME ADDRESS: _____

SCHOOL: _____ SEX: M □ F □ AGE: _____ GRADE OR CLASSIFICATION: _____

TIME ACCIDENT OCCURRED: HOUR _____ □ A.M. □ P.M. DATE: _____

LOCATION OF ACCIDENT: School Building □ School Grounds □ To or From School □ Elsewhere □

DESCRIPTION OF ACCIDENT: To be completed by the teacher if a student is involved. To be completed by the principal if an adult is involved. How did accident happen? What was person doing? Where were they? List specifically unsafe acts and unsafe conditions existing, if there were any. Specify any tool, machine or equipment involved. Specify nature of the accident and the parts of the body injured. Describe any property damage that may also be observed (damage to right front fender of car in parking drive, etc.)

_____
_____
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OTHER PERTINENT INFORMATION:_____
_____
_____

IMMEDIATE ACTION TAKEN:

First-Aid Treatment and who provided it, involvement of school nurse: _____
_____
_____
_____

Sent Home By (Name): _____
Went To Physician (Name): _____
Went To Hospital (Name): _____
Was a parent or other individual notified? No □ Yes □ Time: _____ How: _____

Name of Individual Notified: _____ By Whom?: _____

Signed – Supervisor: _____ Signed – Staff Member: _____

NOTE: This is not an insurance claim. It is an accident report, and any insurance claims need to be processed, independent of this form, to the insurance company.