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.)
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

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.

10/31/18