# LIBERTY SCHOOL DISTRICT
## ACCIDENT REPORT FORM (to be used for all accidents)

Name: ______________________ Date: __________ Completed by: ______________

Home Address: ______________________________________________

Age: ________ Gender: ☐ Male ☐ Female Grade: ______ Date of Accident: ______________

School: ______________________________ Time of Accident: ______________

Person Involved: ☐ Student ☐ Employee ☐ Visitor ☐ Other: ______________

Severity: ☐ Minor ☐ Major ☐ Other: ______________

| **Nature of Injury**<br>**Check all that apply** | Body Part Injured<br>R L | Location | **Specify School Activity** |
|---|---|---|---|
| ☐ Accidental | ☐ ☐ | ☐ Auditorium | |
| ☐ Accidental contact | ☐ ☐ | ☐ Bus/bus stop | |
| ☐ Animal bite/sting | ☐ ☐ | ☐ Cafeteria | |
| ☐ Assault | ☐ ☐ | ☐ Classroom | |
| ☐ Assault w/weapon | ☐ ☐ | ☐ Gymnasium | |
| ☐ Athletic injury (after school) | ☐ ☐ | ☐ Hallway | |
| ☐ Athletic injury (in school) | ☐ ☐ | ☐ Locker room | If accident was the result of a machine or equipment failure, specify the failure in detail. |
| ☐ Biohazard exposure | ☐ ☐ | ☐ Off campus | |
| ☐ Burn/scald | ☐ ☐ | ☐ Parking lot | |
| ☐ Chemical exposure | ☐ ☐ | ☐ Playground | |
| ☐ Chipped tooth | ☐ ☐ | ☐ Restroom | |
| ☐ Choking | ☐ ☐ | ☐ School grounds | |
| ☐ Electrical injury | ☐ ☐ | ☐ Shop | |
| ☐ Eye injury | ☐ ☐ | ☐ Field | |
| ☐ Fall from elevated surface | ☐ ☐ | ☐ Other | Does the student carry school accident insurance?<br>☐ Yes ☐ No |
| ☐ Fracture | ☐ ☐ | | |
| ☐ Hit by foreign object | ☐ ☐ | Supervisor in charge when the accident occurred: | |
| ☐ Horseplay | ☐ ☐ | Name: | |
| ☐ Human bite | ☐ ☐ | Phone: | |
| ☐ Illness | ☐ ☐ | Was Supervisor present at time of accident? ☐ Yes ☐ No | |
| ☐ Laceration | ☐ ☐ | Witnesses | |
| ☐ Medical condition | ☐ ☐ | Name: | |
| ☐ Puncture wound | ☐ ☐ | Address: | |
| ☐ Smashed | ☐ ☐ | Phone: | |
| ☐ Struck stationary object | ☐ ☐ | Name: | |
| ☐ Trip/slip | ☐ ☐ | Address: | |
| ☐ Vocational | ☐ ☐ | Phone: | |

| **Action Taken** | **Bv Whom** | Specific Actions |
|---|---|---|
| ☐ First Aid Treatment | | |
| ☐ Sent to School Nurse | | |
| ☐ Called 911 | | |
| ☐ Transported to hospital by: | | |
| ☐ parent | | |
| ☐ ambulance | | |
| ☐ No treatment | | |
| ☐ Notified parent/guardian | | |
| ☐ Sent home | | |
| ☐ Other | | |

Description of Accident (use reverse side if necessary):

School nurse's signature: ______________________________

Superintendent's signature: ______________________________