DASD STUDENT ACCIDENT FORM

In order for all claims to be filed correctly, this form must be filled out completely and accurately.

Name of Injured: _____ Today's Date: _____
Last First Middle Initial

School: _____ Grade: _____

Homeroom Teacher: _____ Supervising Teacher: _____

Injury Date: _____ Time: _____ a.m. or p.m. Date Reported: _____

Name of Parent or Guardian: _____ Time Parent/Guardian Notified: _____

Work Phone Number: _____ Home Phone Number: _____

Name(s) of Witness(es) to accident or injury: _____

Signature of Person Completing Report: _____ Date: _____

NATURE OF INJURY		PERIOD		LOCATION	
BURN		AFTER SCHOOL		ATHLETIC FIELD/PLAY FIELD	
CONCUSSION (possible)		BEFORE SCHOOL		AUDITORIUM/MULTIPURPOSE	
CONTUSION		CLASS CHANGE		BUS LOADING AREA	
CUT/LACERATION/PUNCTURE		CLASS TIME		CAFETERIA	
DENTAL INJURY		FIELD TRIP		CLASSROOM	
DISLOCATION (possible)		LUNCH PERIOD		CORRIDOR/HALL	
EYE INJURY		P. E. CLASS		FIELD TRIP	
FRACTURE (possible)		RECESS		GYMNASIUM/POOL	
SPRAIN/STRAIN/TEAR (possible)		SCI LAB/FAMILY & CONSUMER SCI & TECH ED CLASS		PLAYGROUND	
OTHER		OTHER		RESTROOM	
				SCHOOL BUS/PUBLIC BUS	
				SCI LAB/FAMILY & CONSUMER SCI & TECH ED CLASS	
				SIDEWALK	
				STAIRS/RAMP/ELEVATOR	
				STREET/DRIVEWAY/PARKING	
				OTHER	

How did accident occur? (Explain what student was doing): _____

_____

_____

Did equipment malfunction? ___ No ___ Yes Explain: _____

_____

Did any unsafe conditions contribute to this accident? _____

_____

Student's Name: _____

MEDICAL:

Nature and extent of known injuries: _____

_____

_____

Have medical services/first aid been rendered to the student? ___ No ___ Yes, Explain: _____

_____

_____

If yes, list name and address of all doctors, hospitals, medics or other medical personnel consulted: _____

_____

_____

If medical services were sought at a later date, explain: _____

_____

_____

Any previous disabilities: _____

_____

Student sent to: ___ Class ___ Home ___ Hospital ___ Doctor ___ Other: _____

Did student require ½ or more days' absence from school? ___ No ___ Yes

SUPERVISOR'S ACCIDENT INVESTIGATION REPORT

(MUST BE COMPLETED BY AN ADMINISTRATOR)

What immediate action was taken to prevent a similar occurrence? _____

_____

_____

What future action will be taken to prevent a similar occurrence? _____

_____

_____

Recommend a permanent solution: _____

_____

_____

Name of Investigator: _____ Date Investigated: _____

Signature of Investigator _____

Absence □ Treatment □ EMS □