White Bear Lake Area Schools

Student Injury/Accident Report Form

Name: ________________________________ **School:** ______________________

Grade: ____________ **Date of Accident:** ____________ **Time of Accident:** ________________

Cause of Injury:

__ Animal/Insect
__ Auto/Bike
__ Auto/Pedestrian
__ Chemical
__ Collision
__ Cutting Object
__ Door
__ Drugs
__ Electrical
__ Explosion
__ Fall/Slip
__ Falling Object
__ Fight/Assault
__ Fire/Heat
__ Lifting
__ Pencil/Pen
__ Poison
__ Running/Jumping
__ Thrown Object(s)
__ Other: ____________

Nature of Injury:

__ Abrasion/Scrape
__ Bite/Sting
__ Bruise/Bump
__ Burn
__ Dislocation
__ Foreign Body
__ Fracture
__ Head Injury
__ Ingestion
__ Laceration/Cut
__ Poisoning
__ Puncture
__ Shock
__ Sprain/Strain
__ Other: ____________

Location:

__ Athletic Field
__ Auditorium
__ Cafeteria
__ Classroom (# _______)
__ FACS
__ Field Trip
__ Gymnasium
__ Hallway
__ Ice Rink
__ Laboratory
__ Locker Room
__ Locker
__ Restroom
__ School Bus
__ Sidewalk
__ Stairs
__ Playground Area/School Grounds
__ Playground Equipment
__ Other: ____________________

Part of Body Involved:

Head*
__ Scalp
__ Face
__ Eye
__ Ear
__ Mouth
__ Tooth
__ Nose
__ Neck

Arms (specify R or L)
__ Shoulder
__ Upper Arm
__ Elbow
__ Lower Arm
__ Wrist
__ Finger(s)
__ Hand

*If any head injury, complete head injury form

Trunk
__ Chest/Rib
__ Abdomen
__ Back
__ Groin

Legs (specify R or L)
__ Hip
__ Thigh/Upper Leg
__ Knee
__ Lower Leg
__ Ankle
__ Foot
__ Toes

Description of Incident: ____
____
____

Witness(es): ____
____

Description of Injury: ____
____
____

Description of First Aid Provided: ____
____

First Aid Given By: ________________________________ **Title:** ______________________

Action(s) Taken: __ parent/guardian notified __ returned to class __ sent home
__ sent to physician/clinic __ ambulance/sent to hospital

__ notified administration (name/date/time):
____

Person Completing the Report: ____________________________ **Title:** ______________________

***Statement of Staff Member and Student and instructions on what to do with completed form on back.** Updated 10/3/2016

Principal: ____ **Date:** ____________________________

Statement of teacher/staff member concerning how the incident / accident occurred:

____
____
____
____
____
____
____
____
____
____
____
____

Did the student follow safety rules? __ Yes __ No __ Not Applicable
Was protective equipment worn? __ Yes __ No __ Not Applicable

Signature of Teacher/Staff Member: ____

Date

Statement of Student concerning how the incident / accident occurred:

____
____
____
____
____
____
____
____
____
____

Signature of Student: ____

Date

***** File original form in student's health file in health office. Make copy and give to building administrator, if requested.