

# BALTIMORE COUNTY PUBLIC SCHOOLS STANDARD STUDENT ACCIDENT REPORT FORM

1. Name: \_\_\_\_\_ Home Address: \_\_\_\_\_  
 2. School: \_\_\_\_\_ Sex: M  F  Age: \_\_\_\_\_ Grade or classification: \_\_\_\_\_  
 3. Time accident occurred: Hour \_\_\_\_\_ A.M. \_\_\_\_\_ P.M. Date: \_\_\_\_\_ Date Accident Reported: \_\_\_\_\_  
 4. Place of Accident: School Building \_\_\_\_\_ School Grounds \_\_\_\_\_ To or from School \_\_\_\_\_ School sponsored activity \_\_\_\_\_

**5. NATURE OF INJURY**

- |                                     |                                     |
|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> Abrasion   | <input type="checkbox"/> Fracture   |
| <input type="checkbox"/> Amputation | <input type="checkbox"/> Laceration |
| <input type="checkbox"/> Bruise     | <input type="checkbox"/> Puncture   |
| <input type="checkbox"/> Burn       | <input type="checkbox"/> Scratches  |
| <input type="checkbox"/> Concussion | <input type="checkbox"/> Sprain     |
| <input type="checkbox"/> Cut        |                                     |
| Other (specify) _____               |                                     |

**DESCRIPTION OF THE ACCIDENT**

How did accident happen? What was student doing? Where was student? List specifically unsafe acts and unsafe conditions existing. Specify any tool, machine or equipment involved. \_\_\_\_\_

**TEACHER'S STATEMENT:**

**PART OF BODY INJURED**

- |                                 |                                |
|---------------------------------|--------------------------------|
| <input type="checkbox"/> Ankle  | <input type="checkbox"/> Hand  |
| <input type="checkbox"/> Arm    | <input type="checkbox"/> Head  |
| <input type="checkbox"/> Back   | <input type="checkbox"/> Knee  |
| <input type="checkbox"/> Elbow  | <input type="checkbox"/> Leg   |
| <input type="checkbox"/> Eye    | <input type="checkbox"/> Nose  |
| <input type="checkbox"/> Face   | <input type="checkbox"/> Scalp |
| <input type="checkbox"/> Finger | <input type="checkbox"/> Tooth |
| <input type="checkbox"/> Foot   | <input type="checkbox"/> Wrist |
| Other _____                     |                                |

**INJURED PERSON'S STATEMENT**

**SCHOOL PROPERTY DAMAGE** No:  Yes:

6. Teacher in charge when accident occurred (Enter name): \_\_\_\_\_  
 Present at scene of accident: No:  Yes:

**7. ACTION TAKEN**

- |                      |                          |                         |
|----------------------|--------------------------|-------------------------|
| First-aid treatment  | <input type="checkbox"/> | By (Name): _____        |
| Sent to school nurse | <input type="checkbox"/> | By (Name): _____        |
| Sent home            | <input type="checkbox"/> | By (Name): _____        |
| Sent to physician    | <input type="checkbox"/> | By (Name): _____        |
|                      |                          | Physician's Name: _____ |
| Sent to hospital     | <input type="checkbox"/> | By (Name): _____        |
|                      |                          | Name of hospital: _____ |

8. Was a parent or other individual notified? No:  Yes:  When: \_\_\_\_\_ How: \_\_\_\_\_  
 Name of individual notified: \_\_\_\_\_  
 By whom? (Enter name): \_\_\_\_\_

**9. LOCATION** - Mark the appropriate block and use the blank provided to specify activity.

- |                |                          |       |                |                          |       |
|----------------|--------------------------|-------|----------------|--------------------------|-------|
| Athletic field | <input type="checkbox"/> | _____ | Laboratories   | <input type="checkbox"/> | _____ |
| Auditorium     | <input type="checkbox"/> | _____ | School Grounds | <input type="checkbox"/> | _____ |
| Classroom      | <input type="checkbox"/> | _____ | Shop           | <input type="checkbox"/> | _____ |
| Corridor       | <input type="checkbox"/> | _____ | Showers        | <input type="checkbox"/> | _____ |
| Dressing Room  | <input type="checkbox"/> | _____ | Restroom       | <input type="checkbox"/> | _____ |
| Gymnasium      | <input type="checkbox"/> | _____ | Stairs         | <input type="checkbox"/> | _____ |
| Home Economics | <input type="checkbox"/> | _____ | Other          | <input type="checkbox"/> | _____ |

10. **BUS** If this accident happened on a bus—complete the following: Bus No. \_\_\_\_\_ Bus Driver \_\_\_\_\_ Location No. \_\_\_\_\_

Signed: Principal: \_\_\_\_\_ Teacher: \_\_\_\_\_

**COPY DISTRIBUTION**

1. Use WHITE copy for teacher's initial handwritten report.
2. Use YELLOW copy to type a report for the Student Health Folder.
3. Send the PINK copy to RISK MANAGEMENT, TIMONIUM OFFICE.

(3NCR)