

HAMILTON COUNTY CUSD #10**STUDENT ACCIDENT REPORT FORM
FORM J (1/2)**

EMPLOYEE NAME			
DATE OF INJURY		TIME OF INJURY	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M
STUDENT'S DATE OF BIRTH		STUDENT'S GRADE	
STUDENT'S HOME ADDRESS			
STUDENT'S SEX	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		

ACCIDENT INFORMATION

Name of school where accident occurred	
Place of accident (i.e. -bus (include bus #), playground, gym, cafeteria, etc.	
Nature of injury	
Detailed description of the accident <ul style="list-style-type: none">• How did it occur?• What was the student doing?• Were there any unsafe conditions, machines, or equipment involved?	
Was the school nurse notified?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Was first aid given?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, were OSHA Universal Standard Precautions followed?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Did the student seek medical treatment?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, name and address of the doctor/hospital:	
Was the student hospitalized?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Was the student absent from school due to the accident?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Who was the teacher on duty at the time of the accident?	
Was the teacher present at the scene of the accident?	<input type="checkbox"/> YES <input type="checkbox"/> NO

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**STUDENT ACCIDENT REPORT FORM
FORM J (2/2)**

ACCIDENT INFORMATION

Witnesses and Statements

PARENT/GUARDIAN INFORMATION

Name of Parents/Guardians

Were the student's parents/guardians notified of the incident?

YES NO

If yes, explain parent notification:

- Was parent spoken to directly?
- Was parent called? If yes, what was the time of the call?

ADMINISTRATOR'S SIGNATURE

DATE FORM COMPLETED

FOR COMPLETION BY SCHOOL NURSE

Total number of days student missed from school (to be filled in when the student returns)

Reviewed by

Date Form Reviewed

Recommendations for preventing other accidents of this type