Rankin School District #98
School Injury / Accident Report Form
Information for ALL injuries

Form Completed By: District Nurse ☐ Other (please specify name/title) _____ ☐

Student ☐ *Employee ☐ Vendor ☐ Visitor ☐ Date: _____

Name: _____ Address: _____ Phone: _____

School: _____ Date of Birth: _____ Grade/Classification: _____

Time accident occurred: ___:___ AM ☐ PM ☐ Place of Accident: School Building ☐ School Grounds ☐ To/From School ☐

Off Premises Address: _____

***(If injured is an employee, a Form 45 must still be completed.)**

Cause of Injury

Allergic Reaction	☐	Lifting	☐
Asthma	☐	Overexertion	☐
Chemical Contact	☐	Rep Motion	☐
Exposure	☐	Restraining Child	☐
Fall (elevation)	☐	Struck by_____	☐
Slip/trip/fall	☐	Struck on_____	☐
PE injury	☐	Sports injury	☐
Physical altercation	☐		

Other: _____

Type of Injury

Insect sting	☐	Resp. distress	☐
Bite	☐	Laceration	☐
Burn (chem)	☐	Multiple-see pg2	☐
Burn (heat)	☐	Emotional	☐
Chemical	☐	Puncture	☐
Contusion	☐	Rash	☐
Blunt force	☐	Repetitive	☐
Abrasion	☐	Sprain (ligmt)	☐
Foreign Object	☐	Strain (musc)	☐
Fracture	☐	Stress	☐

Other: _____

Description of the Injury

How did the injury happen? _____

What was injured person doing? _____

List specifically unsafe acts or conditions. _____

Specify any tool, machine, or equipment involved. _____

Part of Body (see other side for more detail if applicable)

Arm	☐	Back	☐	Eye	☐	Foot	☐	Ankle	☐	Mental	☐	Torso/Trunk	☐
Groin	☐	Head/Face	☐	Internal	☐	Knee	☐	Leg	☐	Respiratory	☐	Wrist/hand	☐

Other: _____

Additional Information on School Jurisdiction Injuries

Teacher(s) or staff member(s) in charge when accident/injury occurred. Name(s): _____

Present at scene of accident/incident: Yes ☐ No ☐

Immediate Action Taken

First-aid treatment ☐ By (Name): _____

Sent to school nurse ☐ By (Name): _____

Sent home ☐ By (Name): _____

Sent to physician ☐ By (Name): _____

Physician's Name: _____

Sent to hospital ☐ By (Name): _____

Name of Hospital: _____

Notification

Was a parent/spouse/other notified? Yes ☐ No ☐ When: _____ How: _____

Phone: _____

Name of individual notified: _____

By whom? (Enter name) _____

Witnesses

1. Name: _____ Addresses: _____ Phone: _____
2. Name: _____ Addresses: _____ Phone: _____

Location

Athletic Field	☐	Locker room	☐	Stairs	☐	Playground	☐
Parking Lot	☐	Restroom	☐	Cafeteria	☐		
Classroom	☐	Sidewalk	☐	Corridor	☐	Off Premises: _____	
Science Lab	☐	Gymnasium	☐	School Bus	☐		

Other (specify whether field trip, athletic event, etc.): _____

What suggestion do you have for preventing other accidents of this type?

_____

_____

Signatures

Nurse: _____ Date: _____

Principal: _____ Date: _____

Superintendent: _____ Date: _____