

JOHNSON CITY SCHOOLS

STUDENT ACCIDENT / INJURY REPORT

Student Name _____ Student DOB _____

School _____ Teacher _____ Grade _____

Date of Accident: _____ Time of Accident: _____

Description of Accident: _____

Place of Accident

Nature of Accident

Body Part Injured

<input type="checkbox"/> Bus	<input type="checkbox"/> Respiratory Emergency	<input type="checkbox"/> Abdomen	<input type="checkbox"/> Foot
<input type="checkbox"/> Hallway	<input type="checkbox"/> Cardiac Emergency	<input type="checkbox"/> Ankle	<input type="checkbox"/> Hand
<input type="checkbox"/> Classroom	<input type="checkbox"/> Heat Related Emergency	<input type="checkbox"/> Arm	<input type="checkbox"/> Head
<input type="checkbox"/> Play/School Ground	<input type="checkbox"/> Anaphylaxis	<input type="checkbox"/> Back	<input type="checkbox"/> Knee
<input type="checkbox"/> P.E. Class	<input type="checkbox"/> Fracture/Sprain/Strain	<input type="checkbox"/> Chest	<input type="checkbox"/> Leg
<input type="checkbox"/> Shop	<input type="checkbox"/> Burn	<input type="checkbox"/> Ear	<input type="checkbox"/> Nose
<input type="checkbox"/> Rest Room	<input type="checkbox"/> Laceration	<input type="checkbox"/> Elbow	<input type="checkbox"/> Wrist
<input type="checkbox"/> Cafeteria	<input type="checkbox"/> Fall	<input type="checkbox"/> Eye	
<input type="checkbox"/> Athletic Event			
<input type="checkbox"/> other (explain) _____	<input type="checkbox"/> other (explain) _____	<input type="checkbox"/> other (explain) _____	

Name of Parent, Guardian or Notified Party _____ Date of Notification _____

Method of Notification: Phone Letter Email Home Visit Other _____

Staff in charge when injury occurred: Name _____ Contact Information _____

Witness: Name _____ Contact Information _____

Name of Administrator Notified _____

Injury with bleeding Yes No

Universal Standard Precautions Used Yes No

Responder exposed to blood and/or body fluids Yes No

Exposure incident reported Yes No

Emergency Medical (911): Time Notified _____ Time of Response _____

If injured student was transported were they accompanied by a school staff member? Yes No

Copy of Student Emergency Card sent with injured person Yes No

Signature of Person filing report: _____ Phone: _____

Note: Reports should be filed with the Superintendent of Schools immediately.

For Office Use Only:

Distribution of Accident Form: Superintendent of Schools School Other Risk Management