

RHAM HIGH SCHOOL STUDENT ACCIDENT REPORT

TO BE COMPLETED BY SUPERVISING PERSONNEL AND SCHOOL NURSE FOR ANY STUDENT ACCIDENT, RESULTING IN AN INJURY, WHILE THE STUDENT IS THE RESPONSIBILITY OF THE SCHOOL.

PUPIL DATA:

Name: _____ Age: _____ Grade: _____

Address _____

1. Date and time of accident: _____

2. Place of accident: _____

3. Teacher or staff in charge when accident occurred: _____

4. Other Witnesses: 1. Name _____

Address/cell# _____

2. Name _____

Address/cell# _____

5. Description of the accident: (To be completed by staff responsible for supervision) How did accident happen? What was the student doing? Where was the student? List specifically unsafe acts and unsafe conditions existing. Specify any tool, machine or equipment involved.

6. Was the accident caused by another student? Yes _____ No _____

If so, by whom: _____

How: _____

7. Specific Injury: _____

8. Nursing follow-up _____

9. Degree of Injury (per medical/nursing evaluation):

Death _____ Permanent Impairment _____ Temporary disability _____ Non disabling _____

a. Was student seen in Nursing office: _____

b. Immediate First Aid or actions provided:

10. Principal Notified: _____ By: _____ date: _____ time: _____

Parent/guardian Notified: _____ By: _____ date: _____ time: _____

First Aid treatment: By: _____ date: _____ time: _____

Sent to School Nurse: By: _____ " _____ " _____

Sent to Hospital: By: _____ " _____ " _____

Name of Hospital/Physician: _____

11. Transported by: _____ To
Where? _____

12. Estimated number of days absence from
school: _____

REMARKS: Are there recommendations to prevent other accidents of this type from occurring?

SIGNATURE: Supervising personnel: _____ date: _____ time _____

Athletic trainer: _____ date: _____ time _____

Nurse: _____ date: _____ time _____

Principal: _____ date: _____ time _____

Pc. Superintendent of Schools