DECATUR PUBLIC SCHOOL DISTRICT 61
STUDENT ACCIDENT REPORT

Student's Name_____ Home Address _____

School_____ Grade _____ Age_____ Male ___ Female ___

Date of Accident _____ Exact Time _____ A.M. ____ P.M. ____

Place of Accident: School Building ___ School Grounds ___ To/From School___Other_____

Non-School: Home ___ Other ___ Number of Days Absent From School* _____

(*If student is absent for an extended period of time, send preliminary report. Send revision when student returns to school.)

DESCRIPTION OF ACCIDENT: How did it happen? What was student doing? List conditions existing. Specify machinery or other equipment involved. Describe the school accident to the extent that you feel a person who has not seen the accident will know what has happened. ***Was student taken to emergency room or a doctor's office?***

MAJOR CAUSE OF ACCIDENT

_____Basketball
_____Classroom
_____Fall
_____Football
_____Free Play
_____Icy Conditions
_____Kicked
_____P.E. Class
_____Pushed
_____Other (specify):
_____Ran together
_____Scuffling/fighting
_____Struck by moving object
_____Struck fixed object
_____Stepped on object
_____Tripped
_____Twisted body joint
_____Wrestling

ACCIDENTS BY ACTIVITIES

_____Apparatus
_____Baseball
_____Basketball
_____Classroom
_____Football
_____Free Play
_____Home
_____Organized Active
_____Physical Education
_____Other (Specify):
_____Rehearsal
_____Shop
_____Softball
_____Stairs
_____Showers
_____To/From School
_____Tumbling/Gymnastics
_____Volleyball
_____Wrestling

NATURE OF INJURY

_____Abrasion
_____Amputation
_____Broken Teeth
_____Bruise
_____Burn
_____Caused Ache
_____Concussion
_____Contusion
_____Other (Specify):
_____Cut
_____Dislocation
_____Fracture
_____Pulled Muscle
_____Puncture
_____Scratch
_____Sprain/Strain
_____Torn Ligament

LOCATION OF ACCIDENT

_____Athletic Field
_____Auditorium
_____Cafeteria
_____Classroom
_____Corridors
_____Gymnasium
_____Gym-Outside
_____Industrial Arts
_____Other (Specify):
_____Locker
_____Shower
_____Playground
_____Restroom
_____School Crossing
_____Stairs
_____Streets
_____Sidewalks

PART OF THE BODY INJURED (Right or left)

_____Abdomen
_____Ankle
_____Arm
_____Back
_____Chest
_____Chin
_____Ear
_____Elbow
_____Other (Specify):
_____Eye
_____Face
_____Finger
_____Foot
_____Hand
_____Head
_____Hip
_____Knee
_____Leg
_____Mouth
_____Neck
_____Nose
_____Ribs
_____Shoulder
_____Teeth
_____Wrist

Signature of person in charge_____ Report prepared by _____

Signature of Principal_____ Date of Report _____

SEND ORIGINAL OF THIS REPORT TO KEIL BUSINESS OFFICE – ATTENTION: DIRECTOR OF BUSINESS AFFAIRS
KEEP A COPY FOR YOUR RECORDS

(Rev. 08/07)