Clarkston SCHOOL DISTRICT
Honor the Past. Be the Future.

ACCIDENT REPORT FORM

_____
PERSON COMPLETING FORM

NAME _____ HOME ADDRESS _____

SCHOOL _____ GENDER □ M □ F AGE _____ GRADE _____ DATE _____

DATE OF ACCIDENT _____ TIME OF ACCIDENT _____ □ AM □ PM

POSITION OF PERSON INVOLVED: □ STUDENT □ VISITOR □ OTHER _____

NATURE OF INJURY (CHECK ALL THAT APPLY)		BODY PART INJURED	R	L	LOCATION		SPECIFY SCHOOL ACTIVITY
ACCIDENTAL	□	ANKLE	□	□	AUDITORIUM	□	
ACCIDENTAL CONTACT	□	ARM	□	□	BUS/BUS STOP	□	
ANIMAL BITE/STING	□	BACK	□	□	CAFETERIA	□	
ASSAULT	□	EAR	□	□	CLASSROOM	□	
ASSAULT W/WEAPON	□	ELBOW	□	□	GYMNASIUM	□	
ATHLETIC INJURY (AFTER SCHOOL)	□	EYE	□	□	HALLWAY	□	IF ACCIDENT WAS THE RESULT OF A MACHINE OR EQUIPMENT FAILURE, SPECIFY THE FAILURE IN DETAIL
ATHLETIC INJURY (DURING SCHOOL)	□	FACE	□	□	LIBRARY	□	
BIO-HAZARD EXPOSURE	□	FINGER	□	□	LOCKER ROOM	□	
BURN/SCALD	□	FOOT	□	□	OFF CAMPUS	□	
CHEMICAL EXPOSURE	□	HAND	□	□	(LOCATION):		
CHIPPED TOOTH	□	HEAD	□	□	PARKING LOT	□	
CHOKING	□	HIP	□	□	PLAYGROUND	□	
ELECTRICAL INJURY	□	KNEE	□	□	RESTROOM	□	
EYE INJURY	□	LEG	□	□	SCHOOL GROUNDS	□	DOES THIS STUDENT CARRY SCHOOL ACCIDENT INSURANCE □ YES □ NO
FALL FROM ELEVATED SURFACE	□	MOUTH	□	□	(LOCATION):		
FRACTURE	□	NOSE	□	□	SHOP:	□	
HIT BY FOREIGN OBJECT	□	WRIST	□	□	FIELD:	□	NUMBER OF DAYS MISSED FROM SCHOOL _____
HORSEPLAY	□	OTHER:		□	OTHER:	□	
HUMAN BITE	□						
ILLNESS	□						
LACERATION	□						
MEDICAL CONDITION	□						
PUNCTURE WOUND	□						
SMASHED	□						
STRUCK STATIONARY OBJECT	□						
TRIP/SLIP	□						
VOCATIONAL	□						

NAME OF SUPERVISOR IN CHARGE WHEN ACCIDENT OCCURRED:

PHONE NUMBER _____

WAS SUPERVISOR PRESENT AT TIME OF ACCIDENT? □ **YES** □ **NO**

ACTION TAKEN		BY WHOM	SPECIFY ACTION TAKEN
FIRST AID TREATMENT	□		
SENT TO SCHOOL NURSE	□		
AMBULANCE CALLED	□		
SENT TO HOSPITAL	□		
NO TREATMENT	□		
CALLED PARENT/GUARDIAN	□		
SENT HOME	□		
OTHER:	□		

WITNESSES

NAME: ADDRESS: PHONE:

NAME: ADDRESS: PHONE:

***DESCRIPTION OF ACCIDENT**
USE REVERSE SIDE IF NECESSARY

_____

_____

_____

_____

_____

Send completed form to District Office – Business Department

*Use this accident report form to record in your files each serious accident coming under the jurisdiction of the school's authority. This form, when completed, should be sent to District Office in case litigation may result from the accident at some future date.

In completing this accident report, it is essential that the accident be described in sufficient detail to show conditions existing when the accident occurred. If unsafe acts or conditions are noted, steps should be taken immediately for their correction.

Principal or Designee Signature _____ Date _____

Health Services Staff Signature _____ Date _____

Send completed form to District Office – Business Department