PUPIL ACCIDENT REPORT FORM

(Circle appropriate detail) – Ref. Schools manual

A. Name of Student	Surname	Given Names	**B. Male** **Female**
C. School	**D. Year/Level**		**E. Age (Years)**

F. Time ……. AM/PM Recess/Lunch	**G. Date** ……../……../……..	**H. Teacher on Duty?** Yes/No Name:……..

I. Witness(es)……

J. Nature of Injury

01. Bruising 02. Burn 03. Concussion 04. Dental Injury 05. Dislocation 06. Foreign Body
07. Fracture 08. Minor Laceration 09. Sutured Laceration 10. Strain/Sprain 11. Other – Details ……

Further Details:……..

K. Location of Injury

(General)	(Specific)						
1. Head	11. Skull	12. Eyes	13. Face	14. Jaw	15. Ears	16. Neck	
2. Trunk	21. Chest	22. Abdomen	23. Pelvis	24. Upper Back	25. Lower Back		
3. Arm	31. Shoulder	32. Upper Arm	33. Elbow	34. Forearm	35. Wrist	36. Hand	37. Foot
4. Leg	41. Hip	42. Thigh	43. Knee	44. Lower Leg	45. Ankle	46. Foot	47. Toe

5. Internal – List details:……..

L. Place at time of Accident

01. Classroom 02. Art/Craft 03. Home Ec. 04. Physical Ed. 05. Science 06. Technical Studies
(Sport) 11. Athletics 12. Baseball or Softball 13. Basketball or Netball 14. Cricket 15. Football (all codes) 16. Gymnastics
17. Skating 18. Swimming 20. Travelling (to and from school) 21. Camp 22. Excursion
30. Playground 31. Playground equipment 32. Oval 40. Corridor 41. Doors or Windows 42. Stairs or Steps 43. Paths or Walkways

Further Details: ……

M. Causes of Accident

01. Assault 02. Carelessness 03. Failure to use protective equipment 04. Lifting or manual handling 05. Misadventure
06. Misuse of hand tools 07. Misuse of machinery 08. Misuse of portable power tools. 09. Object falling

10. Person falling 11. Vehicle 12. Other:……

Further Details:……..

N. Action taken after accident

First Aid : ……. By:……..
Further Treatment - 01. Doctor 02. Health Clinic 03. Hospital Parents Informed Yes/No
Time:……

04. Other – List Details: ……..
10. Went home 11. Resumed Lessons 12. Resumed Lessons Later 13. Missed ……School Days

O. Action taken to prevent a recurrence

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Signature of Principal/Assistant Principal:…… ……/……/……

Original - Regional Superintendent
Duplicate - Safety Coordinator
Triplicate - School File