USD #309

KDHE STUDENT ACCIDENT REPORT FORM

(please complete all blanks, boxes, and check applicable numbers)

**This form is to be completed on any accident which results in: a) injury severe enough to cause the loss of one-half day or more of school time; or b) injury severe enough to cause a visit to a physician.**

| | | |
|---|---|---|
| A. Name:_____ | B. Sex: ____1. Male<br>____2. Female | C. Age:_____ |
| D. School:_____ | E. USD #:_____ | F. Date of Accident ____-____-____ |
| G. Town:_____ | H. Time of Accident _____:__ | I. ____1. AM ____2. PM |

**J-O Please choose the most appropriate number and write it in the box.**

| J. GRADE_____ | K. PLACE OF ACCIDENT_____ | L. DEGREE OF INJURY_____ |
|---|---|---|
| 0. Kindergar. 5. 5th Grade 10. 10th Grade | 1. School Building | 1. Fatal |
| 1. 1st Grade 6. 6th Grade 11. 11th Grade | 2. School Grounds | 2. Nonfatal |
| 2. 2nd Grade 7. 7th Grade 12. 12th Grade | 3. To or from school | |
| 3. 3rd Grade 8. 8th Grade | 4. Home | |
| 4. 4th Grade 9. 9th Grade | 5. Elsewhere | |

M. NATURE OF INJURY_____

| | |
|---|---|
| 1. Amputation | 9. Dislocation |
| 2. Asphyxiation | 10. Fracture |
| 3. Bite, sting | 11. Internal injury |
| 4. Bone Chip | 12. Ligaments, cartilage |
| 5. Bruise, contusion | 13. Poisoning |
| 6. Burn, scald | 14. Shock (electrical) |
| 7. Concussion | 15. Sprain, strain |
| 8. Cut, laceration, puncture, abrasion | 16. Sting |
| | 17. Other_____ specify |

N. PART OF BODY INJURED_____

| ARM: | LEG: |
|---|---|
| 1. Arm | 12. Ankle |
| 2. Fingers | 13. Foot |
| 3. Hand | 14. Knee |
| 4. Shoulder | 15. Leg |
| 5. Wrist | 16. Toe |
| HEAD: | Trunk: |
| 6. Ear | 17. Back |
| 7. Eye | 18. Chest |
| 8. Mouth | 19. Collarbone |
| 9. Nose | 20. Internal |
| 10. Teeth | 21. Ribs |
| 11. Head, face, neck | 22. Trunk |

0. LOCATION OR ACCIDENT_____

| | | |
|---|---|---|
| 1. Athletic Field | 9. Industrial education shops | 17. Sidewalks |
| 2. Auditorium/Gymnasium | 10. Industrial place or premise | 18. Stairs, indoor |
| 3. Cafeteria | 11. Lakes, rivers, body of water | 19. Stairs, outdoor |
| 4. Classroom | 12. Parking Area | 20. Streets, highways |
| 5. Corridor | 13. Playground | 21. Swimming Pool |
| 6. Dressing Room and Lockers | 14. Public buildings, all other | 22. Yards, fields |
| 7. Driveway | 15. Restrooms | 23 Other, NEC*_____ |
| 8. Home, Indoor, NEC* | 16. Showers | |

| | |
|---|---|
| P. Number of school days lost_____ | Q. NSC Classification Code_____<br>(See National Safety Council Code on Reverse Side) |
| R._____<br>Signature of person making report | ____<br>Title Principal |

***NEC stands for "Not Elsewhere Classified"**

**OVER - COMPLETE REVERSE SIDE**