

A. Shops and Labs

- 6. Homemaking
- 7. Science
- 8. Driving Practice
- 9. Vocational & Ind. Arts
- 10. Agriculture
- 11. Other labs
- 12. Other shops

B. Buildings and Classrooms

- 13. Auditoriums & Classrooms
- 14. Lunchrooms
- 15. Corridors
- 16. Lockers (room & corridor)
- 17. Stairs
- 18. Toilets & Washrooms
- 19. Other

C. Recess, Gymnasium, Playground

- 20. Apparatus
- 21. Ball playing
- 22. Running
- 23. Other

D. Grounds-Misc.

- 24. Fences & Walks
- 25. Steps & Walks (outside)
- 26. Other

E. Physical Education

- 27. Apparatus
- 28. Class games
- 29. Baseball (hardball)
- 30. Baseball (softball)
- 31. Football (regular)
- 32. Football (touch)
- 33. Basketball
- 34. Hockey
- 35. Soccer
- 36. Track & Field Events
- 37. Volleyball & similar games
- 38. Other organized games
- 39. Swimming
- 40. Showers & Dressing Rooms
- 41. Other

F. Intra-Mural Sports

- 42. Baseball (hardball)
- 43. Baseball (softball)
- 44. Football (regular)
- 45. Football (touch)
- 46. Basketball
- 47. Other

G. Inter-Scholastic Sports

- 48. Baseball (hardball)
- 49. Baseball (softball)
- 50. Football (regular)
- 51. Football (touch)
- 52. Track & Field Events
- 53. Other

H. Special Activities

- 54. Trips or excursions
- 55. Student dramatics
- 56. Student concerts
- 57. Other

I. Going To & From School

- 58. School Bus
- 59. Public Carrier (incl. bus)
- 60. Motor Scooter
- 61. Other Motor Vehicle (pedestrian)
- 62. Other Motor Vehicle (bicycle)
- 63. Other Motor Vehicle (other type)

J. Going To & From School - Not MV

- 64. Bicycle - not MV
- 65. Other street & Sidewalk
- 66. Other

BRIEF DESCRIPTION OF ACCIDENT**BRIEF DESCRIPTION OF FIRST AID ACTION****Immediate Action Taken**

First Aid Treatment, by (name) _____ Sent to School nurse, by (name) _____

Sent home, by (name) _____ Sent to Physician, by (name) _____

Physicians Name _____ Sent to Hospital, by (name) _____

Name of Hospital _____ Was parent or other individual notified?
 _____yes _____no Time Notif. _____:

Name of individual notified _____ By whom notified (name) _____

Witnesses to Accident

Name _____ Address _____

Name _____ Address _____

Administrator's Signature _____

Date _____