

NEFEC/RMP

**STUDENT
ACCIDENT / INJURY REPORT**

Instructions: Prepare in triplicate. Send one copy to NEFEC/RMP, one copy for school files and one copy to the safety officer.
Use this form to report student accidents/injuries when student is under school jurisdiction. Accident/injury report forms should be prepared and sent to NEFEC/RMP in anticipation of litigation. PRINT or TYPE so all copies are legible. It is essential that the accident/injury be described in detail.
CONFIDENTIAL: THIS DOCUMENT MAY BE CONSIDERED A "WORK PRODUCT." IT SHOULD BE KEPT SEPARATE AND APART FROM ANY CLAIM MADE AVAILABLE TO THE PUBLIC UPON REQUEST UNDER THE PUBLIC RECORDS ACT.

Name of STUDENT:	School District:	Time of Accident: _____ am / pm
Address:	Sex: _____ Age: _____ Grade: _____	Place of Accident / Injury: _____ School Building _____ School Bus _____ To or From School _____ P.E. _____ School Grounds _____ Field Trip
	Phone #: _____	
City/State/Zip:	Location Code: (6 digit)	
DATE of Accident:	Name of School: _____	

DESCRIPTION OF THE ACCIDENT: (Describe in Detail:)

How did the accident happen? What was the student doing? Where was the Student? Specify any tool, machine, or equipment involved.

NATURE OF INJURY:	PART OF BODY INJURED:	LOCATION - Specify Activity
Abrasion _____ Concussion _____ Scalds _____ Amputation _____ Cut _____ Scratches _____ Asphyxiation _____ Dislocation _____ Shock (elec) _____ Bite _____ Fracture _____ Sprain _____ Bruise _____ Laceration _____ Bump _____ Poisoning _____ Burn _____ Puncture _____ Other (specify): _____	Abdomen _____ Eye _____ Leg _____ Ankle _____ Face _____ Mouth _____ Arm _____ Finger _____ Nose _____ Back _____ Foot _____ Scalp _____ Chest _____ Hand _____ Tooth _____ Ear _____ Head _____ Wrist _____ Elbow _____ Knee _____ Other (specify): _____	Athletic field _____ Hallway _____ Sch Grounds _____ Auditorium _____ Home Ec. _____ Shop _____ Cafeteria _____ Labs _____ Showers _____ Classroom _____ Locker _____ Stairs _____ Corridor _____ Playground _____ Toilets and washrooms _____ Dressing Rm. _____ Pool _____ Gym _____ School Bus _____ Other (specify): _____

IMMEDIATE ACTION TAKEN:

_____ First-aid treatment	By (name) _____	
_____ Sent to school nurse	By (name) _____	
_____ Sent home	By (name) _____	
_____ Sent to physician	By (name) _____	Physician' name: _____
_____ Sent to hospital	By (name) _____	Name of hospital: _____

INDIVIDUAL NOTIFIED:

Was a parent or other individual notified? Yes | No When? _____

Name of individual notified _____ How? _____ By whom? _____

Their Attitude: _____

WITNESSES:

1. Name: _____ Address: _____ Phone #: _____

2. Name: _____ Address: _____ Phone #: _____

DEGREE OF INJURY:	Name of Others involved in this Accident:
_____ Temporary disabling (Lost 1/2 day or more)	Name: _____ Age: _____
_____ Permanent Impairment _____ Non-disabling _____ Death	Name: _____ Age: _____

Teacher (or adult) in charge when accident occurred (Name:) _____

Does student have school accident insurance? Yes | No

Report completed by: (name) _____