

DAVENPORT COMMUNITY SCHOOLS
STANDARD STUDENT ACCIDENT REPORT FORM
Part A. Information on ALL Accidents

1. Name: _____ Home Address: _____
 2. School: _____ Sex: M ; F . Age: _____ Grade or classification: _____
 3. Time accident occurred: Hour _____ A.M.; _____ P.M.; Date: _____
 4. Place of Accident: School Building School Grounds To or from School Home Elsewhere

5.	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; border-right: 1px dashed black;"> Abrasion Fracture Amputation Laceration Asphyxiation Poisoning Bite Puncture Bruise Scalds Burn Scratches Concussion Shock (el.) Cut Sprain Dislocation Other (specify) </td> <td style="width: 50%;"></td> </tr> </table>	Abrasion Fracture Amputation Laceration Asphyxiation Poisoning Bite Puncture Bruise Scalds Burn Scratches Concussion Shock (el.) Cut Sprain Dislocation Other (specify)		Description: Describe in detail. Use back if needed. What Happened? (fell, tripped, etc.) _____ _____ What was the specific activity? (recess, football, etc.) _____ _____ School employee aware of injury: _____ _____
Abrasion Fracture Amputation Laceration Asphyxiation Poisoning Bite Puncture Bruise Scalds Burn Scratches Concussion Shock (el.) Cut Sprain Dislocation Other (specify)				
6.	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; border-right: 1px dashed black;"> Abdomen Foot Ankle Hand Arm Head Back Knee Chest Leg Ear Mouth Elbow Nose Eye Scalp Face Tooth Finger Wrist Other (specify) </td> <td style="width: 50%;"></td> </tr> </table>	Abdomen Foot Ankle Hand Arm Head Back Knee Chest Leg Ear Mouth Elbow Nose Eye Scalp Face Tooth Finger Wrist Other (specify)		This accident was: _____ Was not: _____ Reported to: _____ _____ Specify any tool, machine, or equipment involved. _____ _____ _____
Abdomen Foot Ankle Hand Arm Head Back Knee Chest Leg Ear Mouth Elbow Nose Eye Scalp Face Tooth Finger Wrist Other (specify)				

6. Degree of Injury: Death Permanent Impairment Temporary Disability Nondisabling

Part B. Additional Information on School Jurisdiction Accidents

7. Supervisor in charge when accident occurred (Enter Name): _____
 Present at scene of accident: No: _____ Yes: _____ If not, why _____

8.	IMMEDIATE ACTION TAKEN	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">First-aid treatment</td> <td style="width: 50%;">By (Name): _____</td> </tr> <tr> <td>Sent to school nurse</td> <td>By (Name): _____</td> </tr> <tr> <td>Sent home</td> <td>By (Name): _____</td> </tr> <tr> <td>Sent to physician</td> <td>By (Name): _____</td> </tr> <tr> <td colspan="2" style="text-align: center;">Physician's Name: _____</td> </tr> <tr> <td>Sent to hospital</td> <td>By (Name): _____</td> </tr> <tr> <td colspan="2" style="text-align: center;">Name of hospital: _____</td> </tr> </table>	First-aid treatment	By (Name): _____	Sent to school nurse	By (Name): _____	Sent home	By (Name): _____	Sent to physician	By (Name): _____	Physician's Name: _____		Sent to hospital	By (Name): _____	Name of hospital: _____	
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Sent home	By (Name): _____															
Sent to physician	By (Name): _____															
Physician's Name: _____																
Sent to hospital	By (Name): _____															
Name of hospital: _____																

9. Was a parent or other individual notified? No:..... Yes:..... When: How:
 Name of individual notified: _____
 By whom? (Enter name): _____

10. Witnesses: 1. Name: _____ Address: _____
 2. Name: _____ Address: _____

11.	LOCATION	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"></td> <td style="width: 50%; text-align: center;">Location (✓)</td> </tr> <tr> <td>Athletic field _____</td> <td>Gymnasium _____</td> </tr> <tr> <td>Auditorium _____</td> <td>Home Econ. _____</td> </tr> <tr> <td>Cafeteria _____</td> <td>Laboratories _____</td> </tr> <tr> <td>Classroom _____</td> <td>Locker _____</td> </tr> <tr> <td>Corridor _____</td> <td>Pool _____</td> </tr> <tr> <td>Dressing room _____</td> <td>Sch. grounds _____</td> </tr> </table>		Location (✓)	Athletic field _____	Gymnasium _____	Auditorium _____	Home Econ. _____	Cafeteria _____	Laboratories _____	Classroom _____	Locker _____	Corridor _____	Pool _____	Dressing room _____	Sch. grounds _____	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"></td> <td style="width: 50%; text-align: center;">Location (✓)</td> </tr> <tr> <td>.....shop _____</td> <td>_____</td> </tr> <tr> <td>Showers _____</td> <td>_____</td> </tr> <tr> <td>Stairs _____</td> <td>_____</td> </tr> <tr> <td>Toilets and _____</td> <td>_____</td> </tr> <tr> <td>washrooms _____</td> <td>_____</td> </tr> <tr> <td>Other (specify) _____</td> <td>_____</td> </tr> </table>		Location (✓)shop _____	_____	Showers _____	_____	Stairs _____	_____	Toilets and _____	_____	washrooms _____	_____	Other (specify) _____	_____
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Signed: Principal: _____ Supervisor: _____