Accident Report - Students

The information collected below will be used for the purposes of attaining particulars about the accident. All of the information collected will be protected and used in compliance with the Freedom of Information and Protection of Privacy (FOIP) Act.

SCHOOL:_____

Date Form Completed:_____ **Name of Injured:**_____

Alberta Health Care #_____ **Student I.D. #**_____**Sex:**____

Age:_____ **Grade:**_____ **Date and Time of Accident:**_____

Indicate the one (or more) most appropriate statement(s) from each of the following sections with an X.

1. BODY REGION(S) INJURED:

☐ Head	☐ Teeth	☐ Forearm	☐ Abdomen	☐ Knee
☐ Face	☐ Neck	☐ Wrist	☐ Back	☐ Lower Leg
☐ Nose	☐ Shoulder	☐ Hand	☐ Buttocks	☐ Ankle
☐ Eye	☐ Upper Arm	☐ Finger	☐ Groin	☐ Foot
☐ Ear	☐ Elbow	☐ Chest	☐ Thigh	☐ Other:_____

2. TYPE OF INJURY

☐ Abrasion/Scrape	☐ Laceration/incision/puncture – an open wound
☐ Burn	☐ Muscle strain (pull or tear) – due to use rather than blow
☐ Bone Bruise – swelling and/or discoloration of bony area	☐ Nose bleed
☐ Concussion – temporary loss of orientation or unconsciousness	☐ Sprain – twisting or moving of a joint beyond normal range
☐ Dislocation/separation – deformity of a joint	☐ Teeth – loosened or broken
☐ Fracture	☐ Other:_____

3. Facility Area:

☐ Gymnasium	☐ Hallway/Stairway	☐ In Transit to/from school
☐ Playing Field	☐ Pool	☐ Other: _____
☐ Classroom/Lab	☐ Rink	
☐ Playground – climbing/play apparatus	☐ Locker Room/Shower	

4. Probable Direct Cause:

☐ Accidental collision between participants	☐ Fall or loss of balance where apparatus concerned
☐ Blow delivered by an object (ball, bat, etc.)	☐ No clear or apparent cause
☐ Body contact (not considered a collision) in the normal course of an activity	☐ Obstruction on playing area (object or spectator)
☐ Carelessness on part of pupil	☐ Strain or overexertion
☐ Fall/trip not due to an observed external factor	☐ Other:_____

5. Program Phases:

- ☐ Before/after school, noon hour play
- ☐ Classroom/Lab Instruction
- ☐ Field trip/Out-of-School
- ☐ Interscholastic game/practice
- ☐ Intramural/House League
- ☐ Physical Education Instruction
- ☐ Recess
- ☐ Other:_____

6. Activity:

- ☐ Aquatics
- ☐ Basketball
- ☐ Bordenball
- ☐ Dance
- ☐ European Handball, Field Ball, Field Hockey
- ☐ Floor Hockey
- ☐ Football (tackle)
- ☐ Football (flag, touch)
- ☐ Free Play
- ☐ Games lesson
- ☐ Gymnastics (apparatus)
- ☐ Gymnastics (free exercise, tumbling)
- ☐ Ice Hockey
- ☐ Ice Sports (other)
- ☐ Organized activity
- ☐ Racquet games
- ☐ Soccer or Speedball
- ☐ Softball or Baseball
- ☐ Track & Field/Cross Country
- ☐ Volleyball
- ☐ Wrestling & Personal Defence
- ☐ Other:_____

7. Brief Description of Accident (Attach additional page if insufficient space)

_____

_____

_____

_____

8. What was done for the student: (who attended, who was contacted, where sent, and how)

Name of First Aider: _____

_____

_____

_____

Was the parent notified? Yes / No Time:_____ Date:_____

Was a Concussion Brochure given to Parent or Guardian, if head, face or neck impacted? Yes / No

Was child transported to hospital/medicentre? Yes / No by car?_____ by ambulance? _____

Principal:_____ Teacher in Attendance:_____
Signature Signature

Witness(es)_____ _____
to Accident Signature Signature

_____ _____ _____ _____
Name Phone Name Phone

Witness(es) report attached? Yes / No

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WITNESS TO ACCIDENT

Date Form Completed:_____ Name of Injured Person:_____

Date and Time of Accident:_____ School:_____

1. Description of Accident: (Attach additional page if insufficient space)

2. What was done for the student: (who attended, who was contacted, where sent and how?)

3. Additional Comments:

Witness:_____ **Principal/Teacher/Student/First Aider**
(Signature) **Other (Specify):**_____

Name: _____

Address: _____

_____

Phone: _____