

**CARBON COUNTY SCHOOL DISTRICT NO. 2
STUDENT ACCIDENT REPORT FORM**

This form is to be filled out as completely as possible immediately following the occurrence of any injury to a **student** that is severe enough to: (a) cause the loss of one-half day or more of school; (b) warrant medical attention and treatment (i.e. a School Nurse, M.D., E.R., etc.)' and/or (c) require reporting according to School District policy. Any missing information should be added as soon as possible and a copy of this report forwarded to Central Office. Please provide only the facts received and refrain from offering any opinion.

- 1. Student's Name _____
- 2. () Male () Female 3. Date of Birth ___/___/___
mo day yr
- 4. Parent's Name _____
- 5. Grade _____
- 6. School Name _____
- 7. Date of accident/injury ___/___/___
mo day yr
- 8. Time of accident/injury _____ () a.m. () p.m.
- *9. Unprotected exposure to body fluids () Yes () No *Body fluids: blood, feces, urine, and/or saliva. If yes, file Form JHCC-E1 – Exposure Incident Report with the School Nurse.

10. **ACTION TAKEN:** (If any action was taken after the incident, please CHECK AND COMPLETE ALL THAT APPLY.)

- | <u>BY SCHOOL</u> | <u>TIME</u> | <u>TITLE CODE</u> | <u>BY WHOM</u> |
|--|-----------------------|-------------------|---------------------|
| A. () First Aid administered. | ____() a.m. () p.m. | _____ | Specify name: _____ |
| B. () Parent/Guardian Notified. | ____() a.m. () p.m. | _____ | Specify Name: _____ |
| C. () Unable to contact Parent/Guardian. | ____() a.m. () p.m. | _____ | |
| D. () Remained in or returned to class. | ____() a.m. () p.m. | | |
| E. () Sent home _____. Taken home _____. | | | |
| F. () Checked by School Nurse. | | | |
| G. () Check by Paramedic/EMT. | | | |
| H. () Take to physician or health care provider. | Diagnosis: _____ | | |
| I. () Taken to emergency care facility or hospital. | Diagnosis: _____ | | |
| J. () Other Specify: _____ | | | |

BY PARENT

- K. () Parent/Guardian deemed no medical action necessary.
- L. () Taken to physician or health care provider. Diagnosis: _____
- M. () Taken to emergency care facility or hospital. Diagnosis: _____
- N. () Hospitalized. Specify length: _____
- O. () Restricted school activity. Specify length: _____

- | | Enter One Code | Specify, if other |
|--|----------------|-------------------|
| 11. AREA AFFECTED: List area(s) that appear to be injured. | _____ | _____ |
| 12. CONTRIBUTING FACTOR: List factor which may have led to the injury. | _____ | _____ |
| 13. PERIOD: List period during which injury occurred. | _____ | _____ |
| 14. SURFACE: List surface on which injury occurred. | _____ | _____ |
| 15. LOCATION: List location at which injury occurred. | _____ | _____ |
| 16. ACTIVITY: List activity during which injury occurred. | _____ | _____ |
| 17. EQUIPMENT: Was equipment or apparatus involved in accident? () Yes () No Specify: _____ | | |
| 18. DESCRIPTION: Describe specifically how the accident/injury occurred, and what first aid was rendered and where you obtained it. | | |
| _____ | | |
| _____ | | |
| _____ | | |
| _____ | | |

19. _____ Title Code _____
Signature of person making report

20. Received by _____, Principal on this _____ day of _____, 20____.

Revised 8/07

10. TITLE CODES

- | | | | |
|------------------------|------------------|------------------------|-----------|
| 1. Aide-Office/Teacher | 5. Counselor | 9. School Nurse | 13. Other |
| 2. Bus Driver | 6. Custodian | 10. Secretary | |
| 3. Coach | 7. Paramedic/EMT | 11. Substitute Teacher | |
| 4. Cook | 8. Principal | 12. Teacher | |

11. AREA AFFECTED CODES:

HEAD		TRUNK		EXTREMITIES	
1. Chin/Cheek	7. Nose	10. Stomach	15. Genitalia	19. Ankle	24. Hand/Wrist
2. Ear	8. Scalp/Skull	11. Back	16. Internal	20. Arm	25. Knee
3. Eye	9. Tooth/Teeth	12. Buttocks	17. Pelvis/Hip	21. Elbow	26. Leg
4. Forehead		13. Chest/Ribs	18. Shoulder	22. Finger/Thumb	27. Toe
5. Mouth/Tongue		14. Collarbone		23. Foot	
6. Neck/Throat					

12. CONTRIBUTING FACTOR CODES:

- | | | |
|---|--|--------------------------|
| 1. Animal bite(dog bite, etc.) | 7. Contact with hot liquid or object | 13. Human bite |
| 2. Chemical contact or inhalation | 8. Drug or other substance consumption | 14. Insect bite/sting |
| 3. Collision with object or person | 9. Fall | 15. Overexertion/Twisted |
| 4. Compression/Pinch | 10. Fighting/Roughhousing | 16. Seizure disorder |
| 5. Contact with equipment (shop, home ec, etc.) | 11. Foreign body | 17. Tripped/Slipped |
| 6. Contact with fire or flame | 12. Hit with thrown object | 18. Unknown |
| | | 19. Other |

13. PERIOD CODES:

- | | | |
|------------------------------|----------------------------|----------------|
| 1. After school | 6. Lunch | 11. P.E. class |
| 2. Assembly | 7. Lunch recess | 12. Recess |
| 3. Before school | 8. Interschool competition | 13. Evening |
| 4. Class change | 9. Intrасchool competition | 14. Other |
| 5. Class time (excluding PE) | 10. Field Trip | |

14. SURFACE CODES:

- | | | |
|--------------|---|--------------------|
| 1. Black top | 7. Lawn/Grass | 12. Wood (waxed) |
| 2. Carpet | 8. Mats | 13. Non-applicable |
| 3. Concrete | 9. Sand | 14. Other |
| 4. Dirt | 10. Synthetic surface (i.e. Tartan surface) | |
| 5. Gravel | 11. Tile | |
| 6. Ice/Snow | | |

15. LOCATION CODES:

- | | | | |
|------------------------------|------------------------|---------------------------|--------------------------|
| 1. Athletic field | 6. Doorway | 12. Portable Classroom | 17. Sidewalk/Steps/Ramp |
| 2. Multipurpose | 7. Gymnasium | 13. School bus/public bus | 18. Parking lot/Driveway |
| 3. Bus loading area | 8. Lab-Home Ec./Sci | 14. Shop-Ind Arts, Vo-ag | 19. Street/Highway/Road |
| 4. Classroom | 9. Lunchroom | 15. Shower/dressing room | 20. Swimming Pool |
| 5. Corridor (exclud. stairs) | 10. Stairs/Ramp | 16. Washroom/Lavatory | 21. Other |
| | 11. Playground/grounds | | |

16. ACTIVITY CODES:

- | | | | |
|--------------------------|----------------------------|---------------------------|-------------------------|
| 1. Baseball/Softball | 9. Football | 18. Gymnastics / Tumbling | 26. Operating Equipment |
| 2. Basketball | 10. Lifting | 19. Shoveling | 27. Cooking |
| 3. Bicycling | 11. Jumping | 20. Sitting | 28. Track and field |
| 4. Classroom activity | 12. Kick ball | 21. Lab/Shop activity | 29. Volleyball |
| 5. Climbing | 13. Carrying | 22. Loading | 30. Walking |
| 6. Dancing | 14. Soccer | 23. Standing | 31. Weight training |
| 7. Dodge ball / War ball | 15. Riding | 24. Swimming | 32. Wrestling |
| 8. Cleaning | 16. Running | 25. Flag-Touch football | 33. Other |
| | 17. Setting up/Taking down | | |