Elgin School District 23

Code: **EBBB-AR(1)**
Revised/Reviewed: 4/10/97; 6/11/13
Orig. Code(s): EBBB-AR

Accident Reports

Student Accident Report

Date: _____

Student's Name: _____ Grade: _____ Age: _____

Parent's Name: _____ Address: _____

Date of Accident: _____ Time of Accident: _____

Check type of injury/illness:

☐ Abrasion (scrape wound)
☐ Burns and Scalds
☐ Contusion (bruised wound)
☐ Fracture
☐ Dislocation
☐ Incised wound (clean out)
☐ Internal Injury
☐ Laceration (torn wound)
☐ Sprains
☐ Other _____
☐ Type of Illness _____

Check part of body injured:

Head:	☐ Scalp	☐ Skull	☐ Face	☐ Eye	☐ Lip	☐ Teeth
Arms:	☐ Upper Arm	☐ Elbow	☐ Forearm	☐ Wrist	☐ Hand	☐ Tongue
Leg:	☐ Upper Leg	☐ Knee	☐ Calf	☐ Ankle	☐ Foot	☐ Other
Neck:	☐ Shoulder	☐ Chest	☐ Abdomen		☐ Back	☐ Pelvis

Where accident occurred: _____

Cause of injury/illness: _____

What was done for injured: _____

Person in charge: _____

Witness to accident: _____

Could this accident have been avoided? ☐ Yes ☐ No

If yes, describe: _____

_____

Recommendations: _____

_____

Date submitted: _____ Signed: _____

Superintendent Review Date: _____ Signed: _____

Staff Accident Report Date: _____

Employee's Name: _____ Address: _____

Date of Accident: _____ Time of Accident: _____

Check type of injury/illness:

☐ Abrasion (scrape wound)
☐ Burns and Scalds
☐ Contusion (bruised wound)
☐ Fracture
☐ Dislocation
☐ Incised wound (clean out)
☐ Internal Injury
☐ Laceration (torn wound)
☐ Sprains
☐ Other _____

Check part of body injured:

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Neck:	☐ Shoulder	☐ Chest	☐ Abdomen		☐ Back	☐ Pelvis

Where accident occurred: _____

Cause of injury: _____

What was done for injured: _____

Witness to accident: _____

Could this accident have been avoided? ☐ Yes ☐ No

If yes, describe: _____

_____

Recommendations: _____

_____

Date submitted: _____ Signed: _____

Superintendent Review Date: _____ Signed: _____

Accident Prevention In-Service

Previous Accidents Reviewed: _____

Prevention Plan Development for Highest Frequency: _____

In-service Program: _____

Groups: _____ Date: _____

_____ Date: _____

_____ Date: _____