

Richmond Community Schools Student and Visitor Accident Report

Name of School		School District	
Name of Injured Party		Date of Accident	Time of Accident <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
Address		Status <input type="checkbox"/> Student <input type="checkbox"/> Visitor <input type="checkbox"/> Trespasser	
City, State, Zip		Age	Gender
Grade			
Description of Accident (How did the accident happen? What was the injured party doing? What tool, machine, or equipment was involved? What teacher, supervisor or administrator was responsible for the area? Who witnessed the accident?)			
Witness Name		Address	
Telephone Number			
Witness Name		Address	
Telephone Number			
Location	Type of Injury	Body Part(s) Affected	Other Notes:
<input type="checkbox"/> Athletic Field <input type="checkbox"/> Office <input type="checkbox"/> Bus <input type="checkbox"/> Playground <input type="checkbox"/> Bus Stop <input type="checkbox"/> Restroom <input type="checkbox"/> Cafeteria <input type="checkbox"/> Sidewalk <input type="checkbox"/> Classroom <input type="checkbox"/> Swimming Pool <input type="checkbox"/> Gymnasium <input type="checkbox"/> Stairs (Inside) <input type="checkbox"/> Hallway <input type="checkbox"/> Stairs (Outside) <input type="checkbox"/> Laboratory <input type="checkbox"/> Theater or Stage <input type="checkbox"/> Locker Room <input type="checkbox"/> Vocational Shops <input type="checkbox"/> Maintenance <input type="checkbox"/> Off Premises <input type="checkbox"/> Other	<input type="checkbox"/> Abrasion <input type="checkbox"/> Dislocation <input type="checkbox"/> Amputation <input type="checkbox"/> Electric Shock <input type="checkbox"/> Asphyxiation <input type="checkbox"/> Laceration <input type="checkbox"/> Bite <input type="checkbox"/> Fracture <input type="checkbox"/> (Non-Human) Bite <input type="checkbox"/> Poisoning <input type="checkbox"/> (Human) Bite <input type="checkbox"/> Puncture <input type="checkbox"/> Burn <input type="checkbox"/> Repetitive Motion <input type="checkbox"/> (Chemical) <input type="checkbox"/> Sprain/ Strain <input type="checkbox"/> Burn (Heat) <input type="checkbox"/> Other	<input type="checkbox"/> Abdomen <input type="checkbox"/> Finger <input type="checkbox"/> Ankle <input type="checkbox"/> Foot <input type="checkbox"/> Arm <input type="checkbox"/> Hand <input type="checkbox"/> Back <input type="checkbox"/> Head <input type="checkbox"/> Chest <input type="checkbox"/> Legl <input type="checkbox"/> Ear <input type="checkbox"/> Mouth <input type="checkbox"/> Eye <input type="checkbox"/> Tooth <input type="checkbox"/> Face <input type="checkbox"/> Wrist <input type="checkbox"/> Other	
Immediate Action Taken			
<input type="checkbox"/> None			
<input type="checkbox"/> First Aid Provided		Given By: _____	
<input type="checkbox"/> Medical Ambulance Called		Time of Call: _____ By: _____	
<input type="checkbox"/> School Nurse Notified		Time of Call: _____ By: _____	
<input type="checkbox"/> Parent/ Guardian Notified		Time of Call: _____ By: _____	
Name of Parent/ Guardian Notified: _____			
Parent/ Guardian Phone Number: _____			
<input type="checkbox"/> Injured Party Released To		<input type="checkbox"/> Home <input type="checkbox"/> Class <input type="checkbox"/> Physician <input type="checkbox"/> Hospital <input type="checkbox"/> Other _____	
Time Released: _____			
Report Completed by: _____		Principal's Signature: _____	
Date: _____		Telephone Number: _____	

For Internal Use Only

All serious injuries (i.e. broken bones, ambulance called, amputation, etc) should be reported immediately to the Office of Business Affairs at ext. 3406

Date: _____ Time: _____

A written report must be completed within 24 hours and on file with:

- Office of Business Affairs
- Nurse
- Home School/ Building

NOTE: This report is for record purposes only and does not constitute the admission of liability on the part of the school system or any employee thereof.