

ACCIDENT REPORT ONTARIO PUBLIC SCHOOLS

Name of Injured _____ Home Address _____

School _____ Age _____ Grade _____ Sex _____ D.O.B. _____

Time Accident Occurred: Hour _____ AM / PM _____ Date _____

Place of Accident: School Building _____ School Grounds _____ To or From School _____

Where (be specific) _____

Describe what happened: _____

What immediate action was taken: _____

_____ By whom: _____

Moved from scene of accident: (walking) _____ (wheelchair) _____ (stretcher) _____ (carried) _____

By whom: _____

Person in charge when accident occurred: _____

Were you present at scene of accident?: no _____ yes _____ (legal signature) _____

Witnesses: 1. _____ 2. _____ 3. _____

NATURE OF INJURY

amputation _____	possible concussion _____	scalds _____
asphyxiation _____	possible dislocation _____	scrape _____
bite _____	possible sprain _____	scratches _____
bruise _____	possible fracture _____	shock _____
burn _____	poisoning _____	Tooth: broken _____
cut or tear _____	puncture _____	out of socket _____
Other (specify) _____		root _____

PART OF BODY INJURED

abdomen _____	back _____	elbow, L. R. _____	finger _____	head _____
ankle, L. R. _____	chest _____	eye, L. R. _____	foot, L. R. _____	knee, L. R. _____
arm, L. R. _____	ear, L.R. _____	face _____	hand, L. R. _____	leg, L. R. _____
mouth _____	scalp _____	neck _____	wrist, L. R. _____	tooth _____
nose _____				

THIS SECTION TO BE COMPLETED BY PERSON PROVIDING FIRST AID

Name of person providing first aid: _____

Describe first aid given: _____

Time care started: _____ Time parent called: _____ By Whom: _____

Advice given: _____

Name of person student was released to: _____ Relationship _____

(Signature of First Aid Provider)

(Principal's Signature)

TO BE COMPLETED ON EVERY ACCIDENT SERIOUS ENOUGH FOR PARENT OR NURSE NOTIFICATION.
USE BACK FOR ADDITIONAL COMMENTS IF NEEDED.