

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.