STANDARD STUDENT ACCIDENT REPORT FORM

Part A. Information on *All* Accidents

1. Name _____ Home address _____
2. School _____ Sex M ☐ F ☐ Age _____ Grade _____
3. Time accident occurred: Hour _____ AM _____ PM Date: _____
4. Place of accident: School building ☐, school grounds ☐, to or from school ☐, home ☐, elsewhere ☐
5. Nature of injury:

Abrasion	☐	Concussion	☐	Puncture	☐
Amputation	☐	Cut	☐	Scalds	☐
Asphyxiation	☐	Dislocation	☐	Scratches	☐
Bite	☐	Fracture	☐	Shock (elec.)	☐
Bruise	☐	Laceration	☐	Sprain	☐
Burn	☐	Poisoning	☐	Other (specify)	☐

Part of body injured:

Abdomen	☐	Eye	☐	Other	☐
Ankle	☐	Face	☐	Leg	☐
Arm	☐	Finger	☐	Mouth	☐
Back	☐	Foot	☐	Nose	☐
Chest	☐	Hand	☐	Scalp	☐
Ear	☐	Head	☐	Tooth	☐
Elbow	☐	Knee	☐	Wrist	☐

Description of Accident:

6. Degree of injury: Death ☐, permanent impairment ☐, temporary disability ☐, nondisabling ☐
7. Total number of days lost from school _____ (to be filled in on return)

Part B. Additional Information on School Jurisdiction Accident:

8. Teacher in charge when accident occurred (name) _____
   Present at scene of accident: No ☐ Yes ☐
9. Immediate action taken:
   First aid treatment ☐ By (name) _____
   Sent to school nurse ☐ By (name) _____
   Sent home ☐ By (name) _____
   Sent to physician ☐ By (name) _____
   Physician's name _____
   Sent to hospital ☐ By (name) _____
   Hospital name _____
10. Was a parent or other individual notified? No ☐ Yes ☐ When _____
    How _____ Name of individual notified _____
    By whom? (enter name) _____
11. Witnesses: 1. Name _____ Address _____
    2. Name _____ Address _____
12. Location:

Athletic field	_____	Locker	_____
Auditorium	_____	Pool	_____
Cafeteria	_____	Sch. grounds	_____
Classroom	_____	_____ shop	_____
Corridor	_____	Showers	_____
Dressing room	_____	Stairs	_____
Gymnasium	_____	Toilets and washrooms	_____
Home Econ.	_____		
Laboratories	_____	Other (specify)	_____

Remarks:

Signed: (Principal) _____ (Teacher) _____

Transportation Liability

If an agency vehicle is available do you need a chauffeur's license for insurance coverage?

What is the financial coverage of your insurance while driving an agency vehicle?

Is it legal for your athletes to transport themselves?

Is your insurance valid if you transport athletes in your own vehicle?

Is your insurance valid if you receive compensation for transporting your athletes? (It doesn't have to be financial compensation.)

Do you need a chauffeur's license to transport athletes in your own vehicle?

What is the financial coverage of your insurance coverage when using your own vehicle?

Completing a Medical History Form

ATHLETE MEDICAL HISTORY

Name _____ Date of birth _____

Address _____ Telephone _____

Parents _____ Emergency telephone _____

Physician _____ Physician's phone _____

Coach _____ Sport _____

History:

☐ (1) Immunizations, year of last tetanus booster _____

☐ (2) Last dentist visit _____

☐ (3) Handedness (left or right) _____

☐ (4) Allergies _____

☐ (5) Any medications, medicines, drugs now being taken _____

_____

☐ (6) Heart: Murmur? Heart disease? Palpitation? Anyone under 50 years old in family die of heart problems? _____

☐ (7) Do you have to stop when running a half-mile, twice around the track? Asthma? Wheezing? Hay fever? _____

☐ (8) Have you ever been unconscious or knocked out (concussion)? _____

☐ (9) Have you ever had any trouble with

Eyes (vision) _____

Ears (hearing) _____

Kidneys (urine) _____

Hernias _____

Testicles _____

☐ (10) Female menstrual history _____ x _____ x _____

☐ (11) Major medical illnesses (e.g., seizures, anemia, diabetes, arthritis, thyroid disease, bleeding disorders, hepatitis) _____

☐ (12) Overnight hospitalizations _____

☐ (13) Operations or surgery _____

☐ (14) Fractures or broken bones _____

☐ (15) Ever have a cast, splint, sling, cane, or crutches? _____

☐ (16) Ever have an x-ray of any bone or joint? _____

☐ (17) Ever have an injury that caused you to miss a game or practice? _____

Additional History Information

_____

_____

_____

History taken by (name) _____