

TROUP COUNTY SCHOOLS STUDENT ACCIDENT REPORT

Name of Student: _____

Student's Phone Number: _____

Name of School: _____

Date Accident Occurred: _____ Time Accident Occurred: _____

Location of Accident: Gym: _____

School Building: _____

School Grounds: _____

Witnesses: _____

Write a description of the accident: How did it happen? What was the student doing? List specifically unsafe acts and conditions existing. Specify any tool, machine, or equipment involved.

Recommendations for preventing other accidents of this type:

- Check the part of body injured:
- | | | | | | |
|---|--------------------------------|-------------------------------|---------------------------------|--------------------------------|--------------------------------|
| <input type="checkbox"/> Abdomen | <input type="checkbox"/> Ankle | <input type="checkbox"/> Arm | <input type="checkbox"/> Back | <input type="checkbox"/> Chest | <input type="checkbox"/> Ear |
| <input type="checkbox"/> Elbow | <input type="checkbox"/> Eye | <input type="checkbox"/> Face | <input type="checkbox"/> Finger | <input type="checkbox"/> Foot | <input type="checkbox"/> Hand |
| <input type="checkbox"/> Head | <input type="checkbox"/> Knee | <input type="checkbox"/> Leg | <input type="checkbox"/> Mouth | <input type="checkbox"/> Nose | <input type="checkbox"/> Scalp |
| <input type="checkbox"/> Tooth | | | | | |
| <input type="checkbox"/> Other: (Specify) _____ | | | | | |

Teacher in charge when accident occurred: _____

Present at scene of accident? Yes No

First aide treatment provided by: _____

Sent to office Sent home Sent to doctor Sent to hospital

Was the parent or other individual notified? Yes No

Name of person notified: _____

How notified? By phone By note In person

Notified by whom? _____

Signed: Teacher _____

Principal _____