

# EBBB2— Student Accident Report Form

Date of report: \_\_\_\_\_

Name: \_\_\_\_\_ Sex:  Male  Female Grade: \_\_\_\_\_

Age: \_\_\_\_\_ Home Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Homeroom Teacher: \_\_\_\_\_

Parent or Guardian E-mail Address: \_\_\_\_\_

Date of Accident: \_\_\_\_\_ Time: \_\_\_\_\_  a.m.  p.m.

Place of accident:  Playground  Classroom  Corridor  Cafeteria

Gymnasium  Bus  Restroom  School grounds  Bus stop

Other: \_\_\_\_\_

Witness name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

## Description of Accident

How did the accident happen? What did the student state? (Use quotes.)

Where was the student? Describe first aid given.

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Signature of person reporting

**[This section to be filled out by the office.]**

Was the parent or emergency contact notified?  No  Yes If no, why? \_\_\_\_\_  
If yes, when? \_\_\_\_\_

Name of individual notified: \_\_\_\_\_ How? \_\_\_\_\_

By whom? \_\_\_\_\_

Called 911 First aid treatment: \_\_\_\_\_

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By whom? \_\_\_\_\_

**White Pine Charter School Policy Manual**

Adopted: 16 January 2013 Revised: \_\_\_\_\_

**EBBB2**

Student sent to:  Back to class  Home  Physician  \_\_\_\_\_ Hospital  
How was student transported? \_\_\_\_\_

School office notified. Time: \_\_\_\_\_ By whom? \_\_\_\_\_

Location:  Playground  Classroom  Corridor  Cafeteria  
 Gymnasium  Bus  Restroom  School grounds  Bus stop  
 Other: \_\_\_\_\_

**Follow-up**

Total number of days absent: \_\_\_\_\_

Nature of injury:

Abrasion  Amputation  Animal bite  Avulsed tooth  Fracture   
Human bite  Laceration  Puncture  Scratches  Sprain  
 Strain  Other: \_\_\_\_\_

Part of body injured:

Ankle  Arm  Back  Clavicle  Elbow  Eye  Face  
 Finger  Foot  Hand  Head  Knee  Leg  Nose  
 Scalp  Toe  Tooth  Wrist  Other: \_\_\_\_\_

\_\_\_\_\_  
Office Personnel Signature

\_\_\_\_\_  
Date