**INSTRUCTIONS FOR STUDENT INJURIES**

1. Complete this report each time a student is injured. If possible, complete the form the same day the accident occurs. The principal and teacher in charge should sign if injury occurs at the school. The bus driver should sign if the injury occurs during transportation.

2. Retain the original form. Send a copy of the report to the District Safety Office, Route 1, or fax 356-1471 ONLY if the injury is serious enough to require medical attention or if you anticipate a possible lawsuit. If serious injury or death occurs, contact the District Safety Office immediately at 872-5263.

3. The School should always contact a parent, close relative, or guardian to advise them of the incident. Bus Drivers should complete this form and submit it to Transportation. Bus Drivers are not to contact the parent.

4. The School Board is not liable and does not pay for medical treatment for most student injuries. However, if the parent/guardian would like to submit a claim, please direct them to contact the District Safety Office at 872-5263.

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### Nature of Injury:

- Abrasion
- Fracture
- Asphyxiation
- Laceration
- Bite
- Poisoning
- Bruise
- Punctures
- Burn
- Scratches
- Concussion
- Shock
- Cut
- Sprain
- Dislocation

**Other_______________________________**

### Part of Body Injured:

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

**Other_______________________________**

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### DESCRIPTION OF ACCIDENT

Description needs to be completed by a school employee NOT the student.

**How did the injury occur?**

**What was student doing?**

**List specific conditions or actions that caused the injury.**

**Specify any tool, machine, object, or equipment involved.**

**Please list names of witnesses.**

**Was the student transported to the hospital?**

Yes__ No__

**Name of Hospital ________________________________**

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**Attach Additional sheet if necessary**

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**Name of Parent or Other Individual Notified ~______________________________ Time:______ AM/PM**

**By Whom? (Enter Name) ________________________________ Phone:_____________

**List All**

1. Name: ____________________________________________________________________ Phone:_____________

2. Name: ____________________________________________________________________ Phone:_____________

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**SIGNATURE OF PRINCIPAL ______________________________________________ DATE: __________________

**SIGNATURE OF TEACHER/BUS DRIVER ______________________________ DATE: __________________**