

Accident Report Form

GENERAL INFORMATION

A. Client _____

B. Staff _____

ACCIDENT INFORMATION

A. Time of Accident ____ a.m. ____ p.m. Date _____ B. Supervised Activity? Yes No

C. Nature of Injury

- | | | | |
|-----------------------------------|--------------------------------------|-----------------------------------------|----------------------------------|
| 1. <input type="radio"/> Abrasion | 4. <input type="radio"/> Burn | 7. <input type="radio"/> Fracture | 10. <input type="radio"/> Sprain |
| 2. <input type="radio"/> Bruise | 5. <input type="radio"/> Concussion | 8. <input type="radio"/> Laceration/Cut | 11. <input type="radio"/> Strain |
| 3. <input type="radio"/> Bump | 6. <input type="radio"/> Dislocation | 9. <input type="radio"/> Puncture | 12. <input type="radio"/> Other |

D. Part of Body Injured

- | <i>I. Head</i> | <i>II. Trunk</i> | <i>III. Arms</i> | <i>IV. Legs</i> |
|--------------------------------------|----------------------------------|------------------------------------|------------------------------------|
| 1. <input type="radio"/> Scalp | 1. <input type="radio"/> Chest | 1. <input type="radio"/> Shoulder | 1. <input type="radio"/> Hip |
| 2. <input type="radio"/> Back | 2. <input type="radio"/> Abdomen | 2. <input type="radio"/> Upper Arm | 2. <input type="radio"/> Upper Leg |
| 3. <input type="radio"/> Front | 3. <input type="radio"/> Back | 3. <input type="radio"/> Elbow | 3. <input type="radio"/> Knee |
| 4. <input type="radio"/> Eyes | | 4. <input type="radio"/> Lower Arm | 4. <input type="radio"/> Lower leg |
| 5. <input type="radio"/> Ear | | 5. <input type="radio"/> Hand | 5. <input type="radio"/> Foot |
| 6. <input type="radio"/> Nose | | 6. <input type="radio"/> Fingers | 6. <input type="radio"/> Toes |
| 7. <input type="radio"/> Mouth/Tooth | | | |
| 8. <input type="radio"/> Neck | | | |

E. Kind of Accident

- Animal bite or insect bite
- Collision with another child (bump, etc.)
- Contact with hot or toxic substance
- Fall or slip
- Fighting
- Struck by auto, bike, etc.
- Struck by object (swing, etc.)
- Student collided with object
- Other _____

F. Where Accident Happened

- School
- Playground
- Store
- Park
- Pool
- Crosswalk/Road/Sidewalk
- Library
- Restaurant
- Vehicle
- Other _____

CONTRIBUTING CAUSES

A. Environmental Factors (1)

- Crowding
- Doors
- Equipment
- Floor/Ground
- Non-floor surface
- Other _____

B. Human Factors (1)

- Active game
- Fatigue
- Fighting
- Horseplay
- Preoccupation
- Running
- Violation of rules
- Other _____

C. Agents (1)

- Animal or insect
- Store
- School
- Play Ground
- Recreation equipment
- Vehicle
- Other _____

ACCIDENT DESCRIPTION

Describe the accident in your own words. Please give all details so that this accident report may be used to prevent other similar accidents.

POST-ACCIDENT INFORMATION

A. Was first aid given? Yes No By Whom: _____

Description of first aid: _____

B. Was parent or other responsible person notified? Yes No By whom: _____

If no, explain _____

C. Injured, sent home. If so, was he/she accompanied? Yes No

Injured, sent to physician. Name of physician _____

Injured, sent to emergency room. Name of hospital _____

ACTION TAKEN

A. Instructional

- 1. Discussed with parent
- 2. Discussed with supervisor
- 3. Discussed at staff meeting

B. Policy or Corrective Action

- 1. Environmental changes affected
- 2. Safety rules amended to prevent recurrence
- 3. Suggest closer supervision
- 4. Other _____

Staff Signature _____ **Date** _____

Supervisor Signature _____ **Date** _____

Parent Signature _____ **Date** _____