

Name of School		School District	
		MAPLE HEIGHTS CITY SCHOOLS	
Name of Injured Party		Date of Accident	Time of Accident
			<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
Address		Age	Sex
		Grade	Status <input type="checkbox"/> Student <input type="checkbox"/> Visitor <input type="checkbox"/> Other, describe

Description of Accident (How did the accident happen? What was the injured person doing? What tool, machine or equipment was involved? What teacher, supervisor or administrator was responsible for the area? Who witnessed the accident?)

Witness Name – 1	Address	Telephone Number
Witness Name – 2	Address	Telephone Number
Witness Name – 3	Address	Telephone Number

Location		Type of Injury		Body Part(s) Affected	
<input type="checkbox"/> Athletic Field	<input type="checkbox"/> Office	<input type="checkbox"/> Abrasion	<input type="checkbox"/> Dislocation	<input type="checkbox"/> Abdomen	<input type="checkbox"/> Finger
<input type="checkbox"/> Bus	<input type="checkbox"/> Playground	<input type="checkbox"/> Amputation	<input type="checkbox"/> Electrical Shock	<input type="checkbox"/> Ankle	<input type="checkbox"/> Foot
<input type="checkbox"/> Bus Stop	<input type="checkbox"/> Restroom	<input type="checkbox"/> Asphyxiation	<input type="checkbox"/> Laceration	<input type="checkbox"/> Arm	<input type="checkbox"/> Hand
<input type="checkbox"/> Cafeteria	<input type="checkbox"/> Sidewalk	<input type="checkbox"/> Bite (animal or insect)	<input type="checkbox"/> Fraction	<input type="checkbox"/> Back	<input type="checkbox"/> Head
<input type="checkbox"/> Classroom	<input type="checkbox"/> Swimming/Pool Area	<input type="checkbox"/> Bite (human)	<input type="checkbox"/> Poisoning	<input type="checkbox"/> Chest	<input type="checkbox"/> Leg
<input type="checkbox"/> Gymnasium	<input type="checkbox"/> Stairs (inside)	<input type="checkbox"/> Burn (chemical)	<input type="checkbox"/> Puncture	<input type="checkbox"/> Ear	<input type="checkbox"/> Mouth
<input type="checkbox"/> Hallway	<input type="checkbox"/> Stairs (outside)	<input type="checkbox"/> Burn (heat)	<input type="checkbox"/> Repetitive Motion	<input type="checkbox"/> Eye	<input type="checkbox"/> Tooth
<input type="checkbox"/> Laboratory	<input type="checkbox"/> Theater or Stage	<input type="checkbox"/> Concussion	<input type="checkbox"/> Sprain/Strain	<input type="checkbox"/> Face	<input type="checkbox"/> Wrist
<input type="checkbox"/> Locker Room	<input type="checkbox"/> Vocational Shops	<input type="checkbox"/> Other (describe)		<input type="checkbox"/> Other (describe)	
<input type="checkbox"/> Maintenance Area	<input type="checkbox"/> Off-Premises				
<input type="checkbox"/> Other					

Immediate Action Taken	
<input type="checkbox"/> None	
<input type="checkbox"/> First Aide Provided	Given by: _____
<input type="checkbox"/> Medical Ambulance Called	Time of Call: _____ By: _____
<input type="checkbox"/> School Nurse Notified	Time of Call: _____ By: _____
<input type="checkbox"/> Parent/Guardian Notified	Time of Call: _____ By: _____
<input type="checkbox"/> Name of Parent/Guardian Notified: _____	
<input type="checkbox"/> Parent/Guardian Telephone Number: _____	(home) _____ (work) _____
<input type="checkbox"/> Injured Person Released To: <input type="checkbox"/> Self <input type="checkbox"/> Home <input type="checkbox"/> Class <input type="checkbox"/> Physician <input type="checkbox"/> Hospital <input type="checkbox"/> Other: _____	
<input type="checkbox"/> Time Released: _____	<input checked="" type="checkbox"/> DAYS ABSENT FROM SCHOOL: _____

Report Completed By: *(name & title)* _____ Date: _____

Signature: _____ Principal's Signature: _____

PLEASE COMPLETE ALL SECTIONS. UPON COMPLETION, PLEASE FORWARD TO THE BUSINESS OFFICE.

NOTE: This report is for record purposes only and does not constitute the admission of liability on the part of the school system or any employee thereof.

Contribution Causes

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Environmental Factors	Human Factors	Agents
<input type="checkbox"/> Crowding <input type="checkbox"/> Doors <input type="checkbox"/> Equipment <input type="checkbox"/> Floors <input type="checkbox"/> Hard Surface <input type="checkbox"/> Lighting <input type="checkbox"/> No Handrail <input type="checkbox"/> Weather <input type="checkbox"/> Other	<input type="checkbox"/> Active Game <input type="checkbox"/> Fatigue <input type="checkbox"/> Fighting <input type="checkbox"/> Horseplay <input type="checkbox"/> Lack of Training/Experience <input type="checkbox"/> Preoccupation <input type="checkbox"/> Running <input type="checkbox"/> Violation of Rules <input type="checkbox"/> Other	<input type="checkbox"/> Animal or Insect <input type="checkbox"/> Electricity <input type="checkbox"/> Fire <input type="checkbox"/> Gases <input type="checkbox"/> Liquids/Solids <input type="checkbox"/> Recreation/School Equipment <input type="checkbox"/> Student <input type="checkbox"/> Vehicle <input type="checkbox"/> Other

Action Taken To Prevent Similar Accidents

Action Taken To Prevent Similar Accidents	
Instructional	Policy or Corrective Action
<input type="checkbox"/> Discussed at staff meeting <input type="checkbox"/> Discussed with parent <input type="checkbox"/> Personal instruction given to person in charge <input type="checkbox"/> Discussed in each class as regular instruction <input type="checkbox"/> Personal instruction given to injured <input type="checkbox"/> Presented as a subject of assembly program	<input type="checkbox"/> Environmental changes affected <input type="checkbox"/> Safety rules amended to prevent recurrence <input type="checkbox"/> Notified school safety committee <input type="checkbox"/> Safety specialist invited to school to assist in safety program <input type="checkbox"/> Suggest closer supervision <input type="checkbox"/> No action taken

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