

**Banta Elementary School District
Accident/Incident Report**

Name: _____ **Grade:** _____ **Sex:** _____

Date of Incident: _____ **Time of Accident:** _____

Place of Accident:

School Building _____ School Grounds _____ To or From School _____

Description of Accident:

How did it happen? What was he/she doing? Where was he/she?

Nature of Injury / Part of Body Injured

Abrasion _____	Fracture _____	Abdomen _____	Foot _____
Amputation _____	Laceration _____	Ankle _____	Hand _____
Asphyxiation _____	Poisoning _____	Arm _____	Head _____
Bite _____	Puncture _____	Back _____	Knee _____
Bruise _____	Scalds _____	Chest _____	Leg _____
Burn _____	Scratches _____	Ear _____	Mouth _____
Concussion _____	Shock _____	Elbow _____	Nose _____
Cut _____	Sprain _____	Eye _____	Neck _____
Dislocation _____	Other _____	Face _____	Tooth _____
		Finger _____	Wrist _____

Teacher or Supervisor in charge when the accident occurred? _____

Present at the scene of accident? Yes ___ No ___

Immediate Action Taken

First Aid Treatment by _____	Sent to office by _____
Sent home by _____	Sent to physician by _____
Sent to hospital by _____	Physicians Name _____
Hospital Name _____	Paramedic's Name _____

Was parent or guardian notified? Yes ___ No ___ Time _____ How _____

Who notified parent/guardian? _____

Witnesses

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Did this accident occur because a school rule was broken? _____ Was this rule posted? _____

Had this rule been reviewed recently? _____ Date _____

Sign - Person in charge _____	Date _____
Sign - Person taking action _____	Date _____
Sign - Principal/Site Admin _____	Date _____

This report must be filed within 24 hours.

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