THE SCHOOL BOARD OF POLK COUNTY

STUDENT ACCIDENT REPORT FORM

Name _____ Home Address _____

School _____ Sex: M F Age: _____ Grade _____

Time Accident Occurred: Hour _____ A.M. _____ P.M. Date _____

Place of Accident: School Building _____ School Grounds _____ To or From School _____

DESCRIPTION OF THE ACCIDENT

List student activity at time of accident, location on campus of accident , list any equipment, tool, or machinery that was involved. Describe in detail the events leading up to the accident, and the accident itself:

_____

_____

_____

_____

_____

_____

_____

ADDITIONAL INFORMATION

Teacher in charge when the accident occurred _____

Present at the scene of accident ____ Yes ____No

Direct Blood Contact ____Yes ____ No Persons involved _____

First Aid Treatment _____ By (Name)

_____

Sent to School Nurse ____ By (Name) _____

Sent Home _____ By (Name)

_____

Sent to Physician _____ By (Name) _____

Physician's Name: _____

Sent to the Hospital ____ By (Name) _____

Was a parent or other individual notified? ____ Yes ____ No When? _____ How?

_____

Name of individual notified: _____

By whom? (Enter Name) _____

Witnesses: 1. _____ 2. _____

3. _____ 4. _____

REMARKS

In all occurrences of direct blood contact, persons involved or responsible persons should be informed that confidential information concerning HIV and Hepatitis is not available from or through Polk County Schools.

Principal _____ Date _____ Teacher _____ Date _____