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 _________