



Student Incident Report Form Administrative Procedure 8.13A

8.0 Safe Schools

All accidents/injuries must be reported to your Principal/Supervisor. They will ensure that the incident is reported online.

School Division:			
Location:			
Phone Number			
First Name of Injured Person			
Last Name of Injured Person			
Date of Birth of Injured Person (mm-dd-yyyy)			
Street Address			
City		Province	
Postal Code			
Injured Person's Phone Number			
Date of Accident (mm-dd-yyyy)			
Time of Accident (hr:min am/pm)			
Where did the accident occur?	<input type="checkbox"/> Industrial Arts Class <input type="checkbox"/> Home Economics Class <input type="checkbox"/> Classroom <input type="checkbox"/> Laboratory <input type="checkbox"/> Playground <input type="checkbox"/> Field Trip <input type="checkbox"/> Bus <input type="checkbox"/> Physical Education – Outside <input type="checkbox"/> Physical Education – Inside <input type="checkbox"/> Other: _____		
Describe in detail how the accident occurred (need additional paper if required)			

Nature of Injury	<input type="checkbox"/> Cut <input type="checkbox"/> Break <input type="checkbox"/> Crush <input type="checkbox"/> Poke <input type="checkbox"/> Burn	<input type="checkbox"/> Hit <input type="checkbox"/> Fall <input type="checkbox"/> Concussion <input type="checkbox"/> Amputation <input type="checkbox"/> Other _____
Type of Injury	<input type="checkbox"/> Arm <input type="checkbox"/> Leg <input type="checkbox"/> Head/Face <input type="checkbox"/> Chest <input type="checkbox"/> Hip <input type="checkbox"/> Upper Back	<input type="checkbox"/> Lower Back <input type="checkbox"/> Hand <input type="checkbox"/> Foot <input type="checkbox"/> Finger <input type="checkbox"/> Toe <input type="checkbox"/> Other _____
Where on the body	<input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Not applicable	
Any additional comments (please ensure you include what was occurring BEFORE, DURING and AFTER the accident. Please ensure that you provide as much context as possible.)		
Guidelines on classification of accident/injuries	<input type="checkbox"/> "MINOR" - Scratch, Bruise, Scrape, Minor Cut, Minor Sprain, etc. <input type="checkbox"/> "MODERATE" - Serious Cut, More Severe Sprain, Broken Finger, etc. <input type="checkbox"/> "SEVERE" – injury to Eye, Face, Back, Broken Arm/Leg, etc.	
Any additional comments (details from hospital, dental, x-ray information, etc.)		
Was the injury treated?	<input type="checkbox"/> Yes, by whom: _____ Type of treatment: _____ <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Other _____	
Was a teacher/supervisor present or providing supervision?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known	
Name of teacher/supervisor if present:		
Pupil was:	<input type="checkbox"/> Sent home <input type="checkbox"/> Taken to hospital/doctor	
Number of school days missed (if known)		

Was parent notified?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, by whom?		
Has there been any subsequent contact with the parents?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Additional Comments:		
Name of School Principal or Supervisor (in full)		
Submitted by:		
Date of Submission: (mm-dd-yyyy)		
<p><i>Submit this form to the office within 24 hours of accident/incident. Please be aware that this form is considered an asset to the on-line reporting that is required, for liability purposes all accidents/incidents are to be reported.</i></p>		