



ACCIDENT / INJURY REPORT FORM

Pine Island Public Schools 233 1st Ave. SE Pine Island MN 55963

The purpose of this form is to reduce accidents among children and thereby avoiding litigation against staff members of the school district. It is necessary when accidents occur that a staff member completes this form carefully and submits the original to the health office.

Name _____		Age _____	Grade (if applicable) _____
<small>Last name of Injured Person First name</small>			
Contact _____		_____	
<small>Name</small>		<small>Home Address</small>	
School Building _____	School Phone # _____	Cell Phone # _____	
Date of Accident/Injury _____	Time of Injury _____	Where? _____	
<small>(example: playground, classroom, cafeteria – be specific)</small>			
Accident Occurred During:			
<input type="checkbox"/> Class time (if yes, which class?) _____			
<input type="checkbox"/> Passing Time <input type="checkbox"/> Lunch <input type="checkbox"/> Recess			
<input type="checkbox"/> Before School <input type="checkbox"/> After School <input type="checkbox"/> Extra Curricular/Sporting Event <input type="checkbox"/> Field Trip			
<input type="checkbox"/> Other _____			
Type of Injury _____		Body Part(s) Injured _____	
<small>(example: bruise, cut, scrape, bite)</small>		<small>(example: right arm, low back, forehead)</small>	
Describe in detail the accident / injury: Use back page if needed.			
First adult(s) to see or hear the accident: _____			
Who else was present at the time of the accident? _____			
First Aid given? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, by whom? _____			
What first aid measures were given? <input type="checkbox"/> Rest <input type="checkbox"/> Ice <input type="checkbox"/> Bandage <input type="checkbox"/> Other (describe below)			
Was there blood exposure? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, by whom? <input type="checkbox"/> Staff <input type="checkbox"/> Student Did you complete the BBP packet?			
Name(s): _____			
Did the person remain at site? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, where taken: _____ By whom? _____			
If student, were parents notified? <input type="checkbox"/> Yes <input type="checkbox"/> NO If so, by whom? _____ How? _____			
Follow-up notes:			
Report completed by: _____		Date of report: _____	
Reviewed by: _____		LSN Signature: _____	