



MANCHESTER PUBLIC SCHOOLS

Student Accident Report

Report ALL accidents to students occurring anywhere, day or night.

After completing the form and obtaining an administrator's signature, either fax the form to (860) 647-8210 or scan and e-mail the form to Kim Boerner-Mercier at b47kmerc@mpspride.org. The original form and any documentation is to be included in the student's CHR.

Last Name: _____ First Name: _____ M F

School: _____ Grade: _____ Age: _____ Student ID: _____

Date of Accident: _____ Time: _____ AM PM Does the student have school insurance? _____

Place of Accident: School Building School Grounds To or From School Home Elsewhere

NATURE/DEGREE OF INJURY	Describe, in detail, the type of injury sustained: _____ _____ _____ <input type="checkbox"/> Death <input type="checkbox"/> Permanent Impairment <input type="checkbox"/> Temporary Disability <input type="checkbox"/> Nondisabling	PART OF BODY INJURED	Describe, in detail, the specific location(s) of the injury on the body: _____ _____ _____ _____
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Description of the Accident: *Where was the student? What was student doing? How did the accident happen? List specifically unsafe acts and unsafe conditions existing. Specify any tool, machine or equipment involved.*

Immediate Action Taken	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 Hospital: _____ By (name): _____ Name of Hospital: _____	Was a parent or other individual notified? No <input type="checkbox"/> Yes <input type="checkbox"/> Time _____ Via _____ Name of person notified: _____ By whom: _____ Comments: _____ _____
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Adult in charge when accident occurred: _____ Present at time of accident? _____

Witnesses: Name _____ Address: _____
 Name _____ Address: _____

Total number of days lost from school: _____ (To be completed when student returns to school)

What recommendations do you have for preventing other accidents of this type? _____

Form completed by: _____ Date: _____

Signature of Administrator: _____ Date: _____ Central Office Int: _____