



# MANCHESTER PUBLIC SCHOOLS Student Accident Report

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

Forward the original, along with any backup materials, to the designated person in the Office of Finance and Management, Kennedy Education Center, for review and initialling. The original will be returned to the school nurse to be included in the student's file.

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

<b>NATURE/DEGREE OF INJURY</b>	Describe, in detail, the <b>type</b> of injury sustained: _____ _____ _____	<b>PART OF BODY INJURED</b>	Describe, in detail, the specific <b>location(s) of the injury</b> on the body: _____ _____ _____
	[ ] Death [ ] Permanent Impairment [ ] Temporary Disability [ ] Nondisabling		_____

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.*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

<b>Immediate Action Taken</b>	First Aid Treatment: _____ By (name): _____	Was a parent or other individual notified? No <input type="checkbox"/> Yes <input type="checkbox"/> Time _____ Via _____ Name of person notified: _____ By whom: _____ Comments: _____
	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: _____	

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: \_\_\_\_\_