

ASHLAND PUBLIC SCHOOLS
885 SISKIYOU BOULEVARD
ASHLAND, OREGON 97520

REPORT OF ACCIDENT

USE OF FORM: Use form when significant accident occurs involving a student or member of the public visiting the school that 1) requires medical attention beyond first aid, or 2) could have resulted in a more serious injury or result than that which actually occurred. File copy of report at central office within one week of accident.

School _____ Date _____

1. Name _____ Check if: Student ____ Visitor ____

2. Address if Visitor _____

3. Date and Time of Accident _____

4. Nature of Injury (Indicate if sprain, cut, fracture, etc; body part involved): _____

5. What was the person involved doing when the accident occurred? _____

6. Witness(es)? Yes ____ No ____ Name(s): _____

7. If student was involved, name staff member in charge: _____

8. Immediate Action Taken: (Check all that apply)

		<u>Date/Time</u>
a. First aid treatment	__ by (name) _____	_____
b. Rescue 9 called	__ by (name) _____	_____
c. Principal notified	__ by (name) _____	_____
d. Parent/other notified	__ by (name) _____	_____
e. Sent home	__ by (name) _____	_____
f. Sent to physician	__ by (name) _____	_____
g. Sent to hospital	__ by (name) _____	_____

9. Signed:

_____ person reporting/date

_____ administrator/date