

TROY CITY SCHOOLS NON-EMPLOYEE ACCIDENT REPORT



Name of School/Location of Accident	Date of Accident	Time of Accident
Name of Injured Party	Age	Sex
Address	Grade or Position	
	Status:	
Telephone Number w/AC		
Description of Accident (How did it happen? What was the injured person doing? What tool, machine or equipment was involved? What teacher, supervisor or administrator was responsible for the area? Who witnessed the accident?)		
Witness Name -1	Address	Tele Nmbr w/AC
Witness Name -2	Address	Tele Nmbr w/AC
Witness Name -3	Address	Tele Nmbr w/AC

LOCATION	TYPE OF INJURY	BODY PART(S) AFFECTED
<input type="checkbox"/> Athletic Field <input type="checkbox"/> Bus <input type="checkbox"/> Bus Stop <input type="checkbox"/> Cafeteria <input type="checkbox"/> Classroom <input type="checkbox"/> Gymnasium <input type="checkbox"/> Hallway <input type="checkbox"/> Laboratory <input type="checkbox"/> Locker Room <input type="checkbox"/> Maintenance Area <input type="checkbox"/> Office <input type="checkbox"/> Playground <input type="checkbox"/> Restroom <input type="checkbox"/> Sidewalk <input type="checkbox"/> Swimming Pool Area <input type="checkbox"/> Stairs-Inside <input type="checkbox"/> Stairs-Outside <input type="checkbox"/> Theater or Stage <input type="checkbox"/> Vocational Shops <input type="checkbox"/> Off-Premises	<input type="checkbox"/> Abrasion <input type="checkbox"/> Amputation <input type="checkbox"/> Asphyxiation <input type="checkbox"/> Bite (animal or insect) <input type="checkbox"/> Bite (human) <input type="checkbox"/> Burn (chemical) <input type="checkbox"/> Burn (heat) <input type="checkbox"/> Concussion <input type="checkbox"/> Other (describe) _____ _____ _____	<input type="checkbox"/> Dislocation <input type="checkbox"/> Electrical Shock <input type="checkbox"/> Laceration <input type="checkbox"/> Fracture <input type="checkbox"/> Poisoning <input type="checkbox"/> Puncture <input type="checkbox"/> Repetitive Motion <input type="checkbox"/> Sprain/Strain <input type="checkbox"/> Abdomen <input type="checkbox"/> Ankle <input type="checkbox"/> Arm <input type="checkbox"/> Back <input type="checkbox"/> Chest <input type="checkbox"/> Ear <input type="checkbox"/> Eye <input type="checkbox"/> Face <input type="checkbox"/> Other (describe) _____ _____ _____

IMMEDIATE ACTION TAKEN	
<input type="checkbox"/> None	
<input type="checkbox"/> First Aid provided	Given by: _____
<input type="checkbox"/> Medical Ambulance called	Time of call: _____ By: _____
<input type="checkbox"/> School Nurse notified	Time of call: _____ By: _____
<input type="checkbox"/> Parent/Guardian notified	Time of call: _____ By: _____
<input type="checkbox"/> Name of Parent/Guardian notified:	_____
<input type="checkbox"/> Parents/Guardian Telephone Number:	_____ Home _____ Work _____
<input type="checkbox"/> Injured person released to: ___Self ___Home ___Class ___Physician ___Hospital ___Other	_____
<input type="checkbox"/> Time released:	_____

Report Completed By [Print Name]	Title
Reporting Person's Signature	Date
Reporting Person's Tele No w/AC	

NOTE: This report is for record purposes only and does not constitute the admission of liability on the part of the school system or any employee thereof.