

**NORTH TONAWANDA CITY SCHOOL DISTRICT
SCHOOL ACCIDENT REPORT**

7520F

Forward original to NTCSD Business Office.
Retain copy in School Health Office to be filed in student folder.

1. **NAME** _____ **INCIDENT #** _____ **REPORT DATE** _____

Day: S M T W R F S
 1 2 3 4 5 6 7

2. **SEX:** M _____ F _____ **Grade** _____ **Age** _____ **Incident Date** _____ **Incident Time** _____ *A.M./P.M.*

3. **SCHOOL BUILDING WHERE ACCIDENT OCCURRED** _____ **CODE#** _____

Code: 01 Before School Hours 02 During School Hours 03 After School Hours 04 School Not In Session

4. **PLACE OF INCIDENT: (Circle First Applicable One)**

- | | | | |
|-----------------------------|----------------------------|-------------------|--|
| 01 Phys Ed Class-Indoors | 08 Science Lab: # _____ | 15 Halls | 22 Automobile |
| 02 Phys Ed Class-Outdoors | 09 Technology | 16 Stairways | 23 Extracurricular Activity (non-sporting) |
| 03 Organized Athletics-Home | 10 FACS | 17 Playground | 24 Other Off-Premises |
| 04 Organized Athletics-Away | 11 Auditorium | 18 Parking Lots | (field, class trip, to school, etc.) |
| 05 Gymnasium | 12 Library | 19 School Grounds | 50 Other: _____ |
| 06 Locker Room | 13 Restroom | 20 Cafeteria | |
| 07 Swimming Pool | 14 Classroom/Office# _____ | 21 Bus:# _____ | |

5. **SOURCE OF INJURY:**

- | | | | |
|-----------------------------------|-------------------------------|-----------------------------------|--|
| 01 Children Fighting | 07 Phys Ed Equipment | 14 Stairways | 21 Condition of Premises-Exterior |
| 02 Horseplay | 08 Machinery/Equipment | 15 Fire/Smoke/Flame/Flash | 22 Furniture (desk/chair/locker, etc.) |
| 03 Sharp Objects | 09 Bee Sting/Animal Bite | 16 Vandalism | 23 Wall |
| 04 Falling/Flying Objects | 10 Door/Window/Hatch etc. | 17 Structural Failure/Collapse | 50 Other: _____ |
| 05 Gymnastics/Equipment | 11 Hot Surface | 18 Falls/Slips | 70 Unknown |
| 06 Specialized/Creative Apparatus | 12 Electricity | 19 Unintentional Act | |
| | 13 Chemicals/Paint/Fumes/Dust | 20 Condition of Premises-Interior | |

6. **NATURE OF INJURY:**

- | | | | | |
|----------------|---------------------|--------------|----------------------|-----------------------|
| 01 Abrasion | 07 Burn | 13 Frozen | 19 Inflamed/Swollen | 25 Shock/trauma |
| 02 Amputated | 08 Concussion | 14 Hernia | 20 Lacerated | 26 Chipped |
| 03 Asphyxiated | 09 Contusion | 15 Infected | 21 Overexerted | 27 Red area |
| 04 Bite | 10 Crushed/Pinched | 16 Irritated | 22 Poisoned | 50 Other: _____ |
| 05 Bruise | 11 Dislocated | 17 Cut | 23 Punctured | |
| 06 Bump | 12 Fractured/Broken | 18 Scratch | 24 Sprained/Strained | 60 No Injury |
| | | | | 70 Unspecified Injury |

7. **BODY PART INJURED:**

- | | | | | |
|------------|-----------|----------|--------------------|-----------------|
| 01 Abdomen | 07 Elbow | 13 Hand | 19 Lung | 25 Toe |
| 02 Ankle | 08 Eye | 14 Head | 20 Neck | 26 Wrist |
| 03 Arm | 09 Face | 15 Heart | 21 Pelvis | 27 Multiple |
| 04 Back | 10 Finger | 16 Hip | 22 Scalp | 28 Nose |
| 05 Chest | 11 Foot | 17 Knee | 23 Shoulder | 50 Other: _____ |
| 06 Ear | 12 Groin | 18 Leg | 24 Teeth/Mouth/Jaw | 60 No Injury |

8. **SUPERVISOR IN CHARGE AT TIME OF INCIDENT** _____

INCIDENT WITNESSED? Yes _____ No _____

9. **NARRATIVE DESCRIPTION OF INCIDENT:** (Attach additional page, if needed)

SUPPLEMENTAL INFORMATION - ACCIDENTS**

Name of Parent/Guardian _____

Address _____ Phone _____

Witnesses Name _____
Address _____
Phone _____

Name _____
Address _____
Phone _____

Were the following called? If yes:

Parent Yes No Name _____
Physician Yes No Name _____
Ambulance Yes No Name _____

Was the injured taken anywhere? Yes No

If yes: By whom _____
If yes: By what means _____
If yes: Where _____

First Aid Rendered _____

____ Recommend follow-up with PMD if needed ____ Head Injury Sheet given to parent/guardian

Physical Assessment As Appropriate (check if within normal limits)

____ A+Ox3
____ PEARL
____ B/P _____
____ ROJM _____
____ Pain Level 1-10 _____

	Name	Signature	Date
Person completing form	_____	_____	_____
Principal	_____	_____	_____
Business Office	_____	_____	_____

**An accident is an incident where the injury to the individual is deemed to be more serious than a simple abrasion, contusion, or laceration and which may need further investigation.

Interscholastic Sports Only

- ____ No medical follow-up is required. Student may return to participation in interscholastic athletics.
- ____ Follow-up with athletic trainer prior to return to participation in interscholastic athletics is required.
- ____ Follow-up with medical professional and a release to return to participation in interscholastic athletics is required.

APPLICABLE IN NEW YORK STATE

For your protection New York State law requires the following to appear on this form:

Any person who knowingly and with intent to fraud any insurance company or other person files a statement of claim containing any material false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.