Otselic Valley Central School Student Incident/Accident Report
Report ALL Accidents to Students Occurring Anywhere, Day or Night

Part A.

Name: _____ Home Address: _____

School: _____ Sex: M ◯ F ◯ Age: _____ Grade or classification _____

Time accident occurred: Hour _____ A.M. _____ P.M. Date: _____

Place of Accident: School Bldg ◯ School Grounds ◯ To or from School ◯ Home ◯ Field Trip ◯ Bus ◯

NATURE OF INJURY

- ☐ Abrasion
- ☐ Amputation
- ☐ Asphyxiation
- ☐ Bite
- ☐ Bruise
- ☐ Burn
- ☐ Concussion
- ☐ Cut
- ☐ Dislocation
- ☐ Fracture
- ☐ Laceration
- ☐ Poisoning
- ☐ Puncture
- ☐ Scalds
- ☐ Scratches
- ☐ Shock (el.)
- ☐ Sprain
- ☐ Other (specify) _____

PART OF BODY INJURED

- ☐ Abdomen
- ☐ Ankle
- ☐ Arm
- ☐ Back
- ☐ Chest
- ☐ Ear
- ☐ Elbow
- ☐ Eye
- ☐ Face
- ☐ Finger
- ☐ Foot
- ☐ Hand Right _____
- ☐ Head Left _____
- ☐ Knee
- ☐ Leg
- ☐ Mouth
- ☐ Nose
- ☐ Scalp
- ☐ Tooth
- ☐ Wrist
- ☐ Other (specify) _____

DESCRIPTION OF THE ACCIDENT

How did accident happen? What was student doing? Where was student? Specify any tool, machine or equipment involved.

Degree of Injury: ◯ Death ◯ Permanent Impairment ◯ Temporary (lost time) ◯ Non-Disabling (no lost time)

Part B. Additional Information on School Jurisdiction Accidents

Teacher in charge when accident occurred (Enter name): _____

Present at scene of accident: NO ◯ YES ◯

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 ◯ YES When _____ How _____

Name of individual notified: _____

By whom? (Enter name): _____

Witnesses: 1. Name: _____ Address: _____

2. Name: _____ Address: _____

LOCATION

	Specify Activity		Specify Activity
Athletic field		Locker	
Cafeteria		Sch. Grounds	
Classroom		Stairwell	
Corridor		Showers	
		Stairs	
Gymnasium		Restroom	
MPR		Playground	
		Other (specify)	

Signed Nurse/Principal: _____ Teacher: _____