

**EAST CHINA SCHOOL DISTRICT
STUDENT ACCIDENT REPORT**

5340 F1

Date of Accident:	Time:
Student Name:	Address:
Parent/Guardian Name:	Telephone No.:
	Age: Sex: Grade:
DESCRIBE THE ACCIDENT (WHO, WHAT, WHERE)	
Witness Name:(1)	
(2)	
Describe the Injury in Detail:	
RESPONSIVE ACTION	
First Aid Given? <input type="checkbox"/> Yes <input type="checkbox"/> No	By Whom?
Describe First Aid Given:	
Was EMS Called? <input type="checkbox"/> Yes <input type="checkbox"/> No	Time Called: Time Arrived:
Did EMS Transport? <input type="checkbox"/> Yes <input type="checkbox"/> No	(If yes) To Where?
Parent Notified? <input type="checkbox"/> Yes <input type="checkbox"/> No	Time Notified:
Was Student Transported from School by Another Means? <input type="checkbox"/> Yes <input type="checkbox"/> No	Time:
By Whom?	To Where?
Was Student Seen by Physician? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Physician's Name: _____	
Physician's Address: _____	
Name of Employee Completing this Report: _____	Report Date: _____
Principal's Signature: _____	Policy No. _____ Report Date: _____

EAST CHINA SCHOOL DISTRICT Student Accident Procedure

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1. Student has an accident or is injured on school property.
2. The principal/assistant principal assesses the situation.
3. Parent/guardian is called.
4. If a student injury requires emergency medical treatment, the principal will instruct a staff member to call 911 EMS.
5. First aid is administered.
6. A staff member will stay with the student until EMS arrives.
7. Office personnel will copy emergency card and will have it available for EMS.
8. Student Accident Report is filled out by the staff member who saw the accident.
9. The Student Accident Report is submitted to principal for signature.
10. Principal signs and sends the original to the business office and will keep a copy in the principal's office and the student's file.

Revised: July 2012