ARLINGTON HEIGHTS SCHOOL DISTRICT #25
1200 S. Dunton Avenue
Arlington Heights, IL 60005
Phone: 847-758-4881

STUDENT ACCIDENT REPORT

INSTRUCTIONS: Accident report forms shall be submitted via fax or e-mail to bsatera@sd25.org **IMMEDIATELY** upon completion. Keep original for school files. Use this form to report all student accidents occurring when student is under school jurisdiction.
It is essential that the accident be described in detail and all fields filled.

STUDENT (Last Name, First, Middle)	SCHOOL		
ADDRESS	SEX	AGE	GRADE/CLASSIFICATION

TIME ACCIDENT OCCURRED Hour: AM ☐ PM ☐ | DATE | PLACE OF ACCIDENT ☐ School Building ☐ School Grounds ☐ P.E. ☐ To or From School

NATURE OF INJURY

☐ Abrasion ☐ Amputation ☐ Asphyxiation ☐ Bite ☐ Bump ☐ 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 ☐ Head ☐ Knee ☐ Leg
☐ Mouth ☐ Nose ☐ Scalp ☐ Tooth ☐ Wrist

Other (specify): _____

DESCRIPTION OF THE ACCIDENT

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

DESCRIPTION OF FIRST AID ADMINISTERED

IMMEDIATE ACTION TAKEN

☐ First-Aid Treatment By (name) _____
☐ Sent to School Nurse By (name) _____
☐ Sent home By (name) _____
☐ Paramedics Notified By (name) _____ Physician's name _____
☐ Sent to hospital By (name) _____ Name of hospital _____

INDIVIDUAL NOTIFIED

Was a parent or other individual notified? ☐ No Why was parent not notified? _____
☐ Yes When? _____

Name of individual notified _____ How? _____ By whom? _____

FOLLOW-UP

Follow-up Date:

Diagnosis:

REMARKS

WITNESSES

1. Name _____ Address _____
2. Name _____ Address _____

Teacher in charge when accident occurred (enter name) _____

Present at scene of accident? ☐ Yes ☐ No

Staff Signature Position Date