STUDENT
ACCIDENT / ILLNESS / INJURY REPORT

Note: all Items and Sections noted in ***bold italics*** with an asterisk are required fields and MUST be completed

Submitter's FIRST Name: ______________________ Submitter's LAST Name: ______________________

Phone Number: ______________________ Email Address: ______________________

School*: ______________________

Date of Accident*: (m/d/y) ______________ ***Time of Accident****: (use 24-hour clock e.g. 1:15 pm is 13:15) ______________

*Section ONE: LOCATION**

- ❐ Administration Office
- ❐ Boot Room / Mud Room
- ❐ Classroom
- ❐ Concession / Cafeteria
- ❐ Creative Playground
- ❐ CTS Lab
- ❐ Drama / Arts / Theatre
- ❐ Exterior Stairs
- ❐ Gymnasium
- ❐ Hallway / Stairwell
- ❐ In Transit to or from School
- ❐ Locker Room
- ❐ Off-Site
- ❐ Playing Field
- ❐ Science Lab
- ❐ Sidewalk
- ❐ Staff Parking Lot
- ❐ Student Parking Lot
- ❐ Tarmac
- ❐ Washroom
- ❐ Other (specify)

If Off-Site, State FACILITY Name: ______________________

Address: ______________________

City: ______________ ***Postal Code:*** ______________

*Section TWO: ACCIDENT / INCIDENT INFORMATION**

Description of Accident / Incident (detailed narrative)

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First Reported to **FIRST Name:** ______________ **LAST Name:** ______________

- ❐ Area Director
- ❐ Caretaking / Facility Operator
- ❐ Lunch / Playground Supervisor
- ❐ Family Member
- ❐ Non School based Department Head
- ❐ Principal
- ❐ Secretary / Support Staff
- ❐ Superintendent
- ❐ Support Counsellor
- ❐ Teacher
- ❐ Team Leader
- ❐ Vice / Assistant Principal
- ❐ Volunteer
- ❐ Other (specify)

Supervisor's FIRST Name: ______________ LAST Name: ______________

- ❐ Area Director
- ❐ Caretaking / Facility Operator
- ❐ Lunch / Playground Supervisor
- ❐ Non School Based Department Head
- ❐ Principal
- ❐ Secretary / Support Staff
- ❐ Support Counsellor
- ❐ Teacher
- ❐ Team Leader
- ❐ Vice / Assistant Principal
- ❐ Volunteer
- ❐ Other (specify)

Program*

- ❐ Before / After School
- ❐ Field Trip
- ❐ Interscholastic Game / Practice
- ❐ Intramurals
- ❐ Physical Education
- ❐ Recess / Noon Hour
- ❐ Regular Classroom
- ❐ School Activity / Event (ie. play day)
- ❐ School Assembly
- ❐ Science Lab
- ❐ Spare / Free Time / Study Period
- ❐ Other (specify)
- ❐ Transition between Classes
- ❐ Work Study

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Equipment Involved (if applicable)

- ❒ Athletic Equipment
- ❒ Art Equipment
- ❒ Box Horses
- ❒ Chemicals
- ❒ Flying Fox
- ❒ Gymnastic Equipment
- ❒ Home Economic Equipment
- ❒ In-Line Skates
- ❒ Monkey Bars
- ❒ Other Playground Equipment
- ❒ Science Lab Equipment
- ❒ Shop Tools
- ❒ Scooters
- ❒ Slide
- ❒ Swing
- ❒ Teeter Totter
- ❒ Tetherball
- ❒ Track & Field Equipment
- ❒ Other (specify)

Action(s) taken to prevent this sort of accident from happening in the future

____

____

____

❒ CHECK if media has been involved or likely to be involved ❒ CHECK if legal action has been threatened

Record number of people involved ______

*Section THREE: INVOLVED PERSON**

FIRST Name*: ______ ***LAST Name*:*** ______ ***Grade*:*** ______

Gender of Person Involved*: ❒ Male ❒ Female **Date of Birth*** (m/d/y) ______

*Activity**

- ❒ Assembly
- ❒ Baseball / Softball
- ❒ Basketball
- ❒ Canoeing, Kayaking, Rafting
- ❒ Class Change / Transition
- ❒ Class or Shop Activities
- ❒ Curling
- ❒ Dance
- ❒ Dodge Ball
- ❒ Field Hockey
- ❒ Floor Hockey
- ❒ Football (reg. touch)
- ❒ Football (tackle)
- ❒ Free Play / Recess / Noon Hour
- ❒ Gymnastics
- ❒ Ice Sports – Hockey / Skating
- ❒ In-Line Skating
- ❒ Intramural Sports
- ❒ Lacrosse
- ❒ Physical Ed / Active Living
- ❒ Racquet Games
- ❒ Rollerblading
- ❒ Rugby
- ❒ School Activity
- ❒ Skiing / Snowboarding
- ❒ Soccer
- ❒ Study Period / Free Time
- ❒ Swimming / Water Sports
- ❒ Track & Field
- ❒ Walking / Running
- ❒ Weight Room Training
- ❒ Work Experience
- ❒ Wrestling
- ❒ Other (specify)

Accident / Incident Details

Was this Person Injured*? ❒ Yes ❒ No ***Was First Aid Administered*?*** ❒ Yes ❒ No

If First Aid was administered, complete name of First Aider*.** ***FIRST Name*: ______ ***LAST Name*:*** ______

Description of First Aid Administered

____

____

Qualified District First Aider*? ❒ Yes ❒ No

First Aid Qualification ❒ Advanced ❒ Emergency ❒ Nurse ❒ Standard ❒ Wilderness

Was a paramedic or Physician Called? ❒ Yes ❒ No ***If Yes, was an ambulance used*?*** ❒ Yes ❒ No

Provide name of physician or hospital ______

If no ambulance was used, identify method of transportation ______

If pre-existing medical condition exists, give details below, and diagnosis if available ______

____

____

Parent's First Name ______ Parent's Last Name ______

Were the parents notified*? ❒ Yes ❒ No Date notified (m/d/y) ______ Time Notified (2400 hr. clock) ______

Parent's Comments: ______

____

____

____

Did parent pick up child? ❒ Yes ❒ No

Injury / Illness Type (check as many that apply)*

- ❐ Allergic reaction
- ❐ Back / Spinal injury
- ❐ Bad scrape
- ❐ Breathing difficulties / Asthma (no ambulance called)
- ❐ Broken bone(s) with long term affects (surgery required, pins or plates inserted)
- ❐ Broken or fractured bones
- ❐ Chemical or other hazardous material contact
- ❐ Concussion (possible concussion)
- ❐ Dislocated / Separated joint
- ❐ Dizziness / Headache / Nausea
- ❐ Fainting, loss of consciousness
- ❐ Fatality
- ❐ Irritation of eye / Skin
- ❐ Laceration (required stitches or medical attention)
- ❐ Minor aches / Pains
- ❐ Minor cut / Laceration / Irritation
- ❐ Minor scrape or bump
- ❐ Minor swelling or bruising
- ❐ Muscle pull or strain
- ❐ Permanent disability
- ❐ Seizure (ambulance called)
- ❐ Seizure (short term – no ambulance called)
- ❐ Serious breathing difficulties (ambulance called)
- ❐ Serious / Major bleed, bruise or swelling
- ❐ Severe sprain
- ❐ Severe wound (scarring or surgery)
- ❐ Sprain
- ❐ Tooth / Teeth injury
- ❐ Other (specify)

Cause of Injury (check as many that apply)*

- ❐ Accidental collision between participants
- ❐ Aggravation of pre-existing injury
- ❐ Assault
- ❐ Bite (animal / human / insect)
- ❐ Blow / Hit / Trip caused by another person, accidental or intentional
- ❐ Blow delivered by an object (ball, bat, etc.)
- ❐ Body contact in the normal course of activity
- ❐ Carelessness on the part of the Individual
- ❐ Fall / Trip not due to observed factor
- ❐ Fall or loss of balance on apparatus
- ❐ Motor vehicle accident
- ❐ No clear apparent cause
- ❐ Obstruction on playing field
- ❐ Repetitive strain
- ❐ Site hazard
- ❐ Slip / Fall (ice)
- ❐ Slip / Fall (other)
- ❐ Strain or over exertion
- ❐ Other (specify)

Body Part (check as many that apply)*

❐ Abdomen / Stomach	❐ Chest Area	❐ Eye(s)	❐ Head	❐ Mouth	❐ Shoulder	❐ Upper leg / Thigh
❐ Ankle	❐ Chin	❐ Finger(s) / Thumb	❐ Hip	❐ N/A	❐ Side / Ribs	❐ Wrist
❐ Back	❐ Collarbone	❐ Foot	❐ Knee	❐ Neck / Throat	❐ Teeth	❐ Other (specify)
❐ Buttocks	❐ Ear(s)	❐ Groin	❐ Lower arm	❐ Nose	❐ Toes	
❐ Cheek(s)	❐ Elbow	❐ Hand	❐ Lower leg / Calf	❐ Possible internal injuries	❐ Upper arm	

- If there are **multiple involved persons** (student, employee or other) associated with this event, complete **SECTION THREE** (3) of the appropriate / respective injury form for each involved person and attach to this report
- If there is a **hazard** associated with this injury complete a **HAZARD FORM** and attach to this report

Section FOUR: WITNESS (Use separate sheet if more than one witness)*

Were there any witnesses*? ❐ Yes ❐ No

Witness FIRST Name: ____________________ ***Witness LAST Name***: ____________________

Address / City / Postal Code: ____________________

Phone Number: ____________________

WITNESS ROLE

❐ Bystander	❐ Daycare	❐ Neighbour	❐ Sibling	❐ Supervisor
❐ Contractor	❐ Employee	❐ Parent	❐ Student	❐ Volunteer

Date of Report: ____________________

Report Approved by: ____________________
(print clearly)

Position: ____________________
(print clearly)