SUWANNEE COUNTY DISTRICT SCHOOLS
ACCIDENT/INCIDENT REPORT FORM

Student Information

Name:						Date of incident:	
Date of birth:		Grade:		☐ Male	☐ Female	Time of incident:	

Parent/Guardian Information

Names:						Work Phone:	
Address:						Home Phone:	
City:		State:		Zip:		Cell Phone:	

School Information

School:		Phone:	

Location of Incident

☐ Athletic field ☐ Cafeteria ☐ Gymnasium ☐ Parking lot ☐ Restroom ☐ Vocation shop/lab
☐ Bus ☐ Classroom ☐ Hallway ☐ Playground ☐ Stairway
☐ Other, explain:

Time of Incident

☐ Recess ☐ Lunch ☐ P.E. class ☐ In class (not P.E.) ☐ Class change ☐ Field trip
☐ Before school ☐ After school ☐ Unknown
☐ Other, explain:

Athletic Practice/Session

☐ Athletic team competition ☐ Intramural competition

Equipment

☐ No equipment involved
☐ Equipment involved, describe:

Surface (check all that apply)

☐ Asphalt ☐ Concrete ☐ Gravel ☐ Ice/snow ☐ Mat(s) ☐ Synthetic surface ☐ Wood chips/mulch
☐ Carpet ☐ Dirt ☐ Lawn/grass ☐ Sand ☐ Tile ☐ Gymnasium floor
☐ Other, specify:

Type of Injury (check all that apply)

	Head	Eye	Ear	Nose	Mouth/lips	Tooth/teeth	Jaw	Chin	Neck/throat	Collarbone	Shoulder	Upper arm	Elbow	Forearm	Wrist	Hand	Finger	Fingernail	Chest/ribs	Back	Abdomen	Groin	Genitals	Pelvis/hip	Leg	Knee	Ankle	Foot	Toe
Abrasion/scrape	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Bite	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Bump/swelling	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Bruise	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Burn/scald	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Cut/laceration	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Dislocation	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Fracture	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Pain/tenderness	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Puncture	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Sprain	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Other (Describe)																													

Contributing Factors (check all that apply)

☐ Animal bite ☐ Compression/pinch ☐ Overextension/twisted ☐ Struck by object (bat, swing, etc.)
☐ Hit with thrown object ☐ Fall ☐ Tripped/slipped ☐ Collision with object
☐ Contact with hot or toxic substance ☐ Foreign body/object ☐ Physical altercation
☐ Collision with person ☐ Drug, alcohol or other substance ☐ Struck by auto, bike, etc.
☐ Weapon, specify:

☐ Other, explain:

Description of the Incident

Witnesses to the Incident (Please provide full name and position of each witness)

Staff Involved (check all that apply)

☐ Assistant staff ☐ Bus driver ☐ Cafeteria staff ☐ Custodian ☐ Nurse ☐ Principal ☐ Secretary ☐ Teacher
☐ Other, specify:

Incident Response (check all that apply)

☐ First Aid	Time:		By whom:				
☐ Called 911	Time:		By whom:				
☐ Parent/guardian notified	Time:		By whom:				
☐ Unable to contact parent/guardian	Time:		By whom:				
☐ Parents decided no medical action necessary	☐ Returned to class		☐ Sent/taken home		Days of school missed:		
☐ Taken to health care provider/clinic/ hospital/urgent care	Diagnosis:				Days of school missed:		
☐ Hospitalized	Diagnosis:				Days of school missed:		
☐ Restricted school activity	Explain:						
	Length of time restricted:				Days of school missed:		
☐ Other, explain:							

Describe Care Provided to the Student:

Additional Comments:

Signature of staff member completing form — Date/time

Nurse's signature — Date/time

Principal's signature — Date/time

Instructions: Teacher or employee witnessing the accident/incident should complete this form immediately and fax to Lorie Norris, Risk Manager, at (386) 364-2635. SEND HARD COPY AFTER SIGNATURES ARE OBTAINED. All witnesses to accident/incident are to submit a written statement to attach to this form.