

School District of Kettle Moraine Accident Report

Name _____ Student _____ Staff _____ Other _____

School _____ Grade _____ 911 Transport _____

Date of Accident _____ Time of Accident _____ Sent to Health Room _____ Were parents or guardian notified?
 Mo / Day / Yr AM PM Yes No By phone Yes No

Was student sent home? _____ If yes, with whom _____
 Yes No

Sent to medical facility (clinic, physician, or hospital)? _____ If yes, name and address _____
 Yes No

Supervising personnel at time of accident: _____ Witness: _____

Description of accident and any resulting injury: _____

First Aid Rendered:

Post Accident Notation:

- | | | | | |
|--|---|--|---|---|
| <p>Anatomical Location</p> <ul style="list-style-type: none"> _____ Abdomen _____ Ankle R_L _____ Arm R_L _____ Back _____ Chest _____ Collarbone _____ Ear R_L _____ Elbow R_L _____ Eye R_L _____ Face _____ Finger _____ Foot R_L _____ Hand R_L _____ Head _____ Knee R_L _____ Leg R_L _____ Mouth _____ Muscle _____ Neck _____ Nose _____ Ribs R_L _____ Shoulder R_L _____ Tooth | <ul style="list-style-type: none"> _____ Thumb R_L _____ Other _____ <p>Cause of Injury</p> <ul style="list-style-type: none"> _____ Animal _____ Chemical _____ Collision _____ Cutting Object _____ Door _____ Electrical _____ Explosion _____ Fall/Slip _____ Falling Object _____ Fire _____ Foreign Object _____ Hot Liquid _____ Kick _____ Lifting _____ Pen/Pencil _____ Other <p>Activity</p> <ul style="list-style-type: none"> _____ Class _____ Field Trip | <ul style="list-style-type: none"> _____ Lunch Hour _____ Recess _____ Other _____ <p>Nature of Injury</p> <ul style="list-style-type: none"> _____ Abrasion _____ Animal Bite _____ Bruise/Bump _____ Burn _____ Chip _____ Cut _____ Insect Bite _____ Laceration _____ Puncture _____ Scratch _____ Wound _____ Other _____ <p>Athletics</p> <ul style="list-style-type: none"> _____ Baseball _____ Basketball _____ Cross Country _____ Football _____ Golf | <ul style="list-style-type: none"> _____ Soccer _____ Softball _____ Track/Field _____ Tennis _____ Volleyball _____ Wrestling <p>Location - Outside</p> <ul style="list-style-type: none"> _____ Athletic Field _____ Blacktop _____ Field Trip _____ Parking Area _____ Playground Eq _____ School Bus _____ Other _____ <p>Location Inside</p> <ul style="list-style-type: none"> _____ Auditorium _____ Cafeteria _____ Classroom _____ Corridor _____ Gym _____ Lab _____ Locker/Locker Rm | <ul style="list-style-type: none"> _____ Sr Citizen Ctr _____ Shop _____ Stairs _____ Washroom _____ Other _____ <p>Phy Ed</p> <ul style="list-style-type: none"> _____ Baseball _____ Basketball _____ Football _____ Games-Relay _____ Running _____ Soccer _____ Softball _____ Track _____ Basketball _____ Games-Relay _____ Gymnastics _____ Volleyball _____ Other _____ <p>Significant Exposure</p> |
|--|---|--|---|---|

_____ Date of Report _____ Prepared by (signature) _____ Title _____ Principal/ Supervisor