School District of Kettle Moraine
Accident Report

Name_____ **Student**_____ **Staff**_____ **Other**_____

School_____ **Grade**_____ **911 Transport**_____

Date of Accident
_____/_____/_____
Mo Day Yr

Time of Accident
_____ _____
AM PM

Sent to Health Room
_____ _____
Yes No

Were parents or guardian notified?
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:

Anatomical Location
_____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
_____Thumb R__L__
_____Other _____

Cause of Injury
_____Animal
_____Chemical
_____Collision
_____Cutting Object
_____Door
_____Electrical
_____Explosion
_____Fall/Slip
_____Falling Object
_____Fire
_____Foreign Object
_____Hot Liquid
_____Kick
_____Lifting
_____Pen/Pencil
_____Other

Activity
_____Class
_____Field Trip
_____Lunch Hour
_____Recess
_____Other_____

Nature of Injury
_____Abrasion
_____Animal Bite
_____Bruise/Bump
_____Burn
_____Chip
_____Cut
_____Insect Bite
_____Laceration
_____Puncture
_____Scratch
_____Wound
_____Other

Athletics
_____Baseball
_____Basketball
_____Cross Country
_____Football
_____Golf
_____Soccer
_____Softball
_____Track/Field
_____Tennis
_____Volleyball
_____Wrestling

Location - Outside
_____Athletic Field
_____Blacktop
_____Field Trip
_____Parking Area
_____Playground Eq
_____School Bus
_____Other

Location Inside
_____Auditorium
_____Cafeteria
_____Classroom
_____Corridor
_____Gym
_____Lab
_____Locker/Locker Rm
_____Sr Citizen Ctr
_____Shop
_____Stairs
_____Washroom
_____Other_____

Phy Ed
_____Baseball
_____Basketball
_____Football
_____Games-Relay
_____Running
_____Soccer
_____Softball
_____Track
_____Basketball
_____Games-Relay
_____Gymnastics
_____Volleyball
_____Other

_____**Significant Exposure**

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