

# Charles A. Beard Memorial School Corporation Standard School Incident Report

**Forward Copy to  
Central Office**

<b>Name of School</b>		<b>School District</b>	
<b>Name of Injured Party</b>		<b>Date of Accident</b>	<b>Time of Accident</b>
		<b>Address</b>	<b>Age</b>
		<b>Sex</b>	
		<b>Grade or Position</b>	
<b>Status</b>	Employee <input type="checkbox"/>	Visitor <input type="checkbox"/>	Other: _____
	Student <input type="checkbox"/>	Trespasser <input type="checkbox"/>	
Description of Accident (How did the accident happen? What was the injured person doing? What tool, machine or equipment was involved?			
Witness Name		Address	Telephone Number
Witness Name		Address	Telephone Number
Witness Name		Address	Telephone Number

Location		
Athletic Field	<input type="checkbox"/>	Office
Bus	<input type="checkbox"/>	Playground
Bus Stop	<input type="checkbox"/>	Restroom
Cafeteria	<input type="checkbox"/>	Sidewalk
Classroom	<input type="checkbox"/>	Swimming Pool
Gymnasium	<input type="checkbox"/>	Stairs-Inside
Hallway	<input type="checkbox"/>	Stairs-Outside
Laboratory	<input type="checkbox"/>	Stage
Locker Room	<input type="checkbox"/>	Voc Shops
Maint. Area	<input type="checkbox"/>	Off Premises
Other	<input type="checkbox"/>	

Type of Injury		
Abrasion	<input type="checkbox"/>	Dislocation
Amputation	<input type="checkbox"/>	Electrical Shock
Asphyxiation	<input type="checkbox"/>	Laceration
Bite-Animal	<input type="checkbox"/>	Fracture
Bite-Human	<input type="checkbox"/>	Poisoning
Burn-Chemical	<input type="checkbox"/>	Puncture
Burn-Heat	<input type="checkbox"/>	Repetitive Motion
Concussion	<input type="checkbox"/>	Sprain/Strain
Other	<input type="checkbox"/>	

Body Parts Affected		
Abdomen	<input type="checkbox"/>	Finger
Ankle	<input type="checkbox"/>	Foot
Arm	<input type="checkbox"/>	Hand
Back	<input type="checkbox"/>	Head
Chest	<input type="checkbox"/>	Leg
Ear	<input type="checkbox"/>	Mouth
Eye	<input type="checkbox"/>	Tooth
Face	<input type="checkbox"/>	Wrist
Other	<input type="checkbox"/>	

None		
First Aid Provided	Given By: _____	
Medical Ambulance Called	Time of Call _____	By _____
School Nurse Notified	Time of Call _____	By _____
Parent/Guardian Notified	Time of Call _____	By _____
Name of Parent/Guardian Called		
Phone Number Called	Home _____	Work _____
Injured Person Released To	_____	
Time Released	_____	

Report Completed By: _____	Title _____
Date _____	Telephone Number _____

NOTE: This report is for record purposes only and does not constitute the admission of liability on the part of the school system or any employee thereof.