

# ACCIDENT & ILLNESS REPORT

## PERSONAL DATA

|              |                   |   |
|--------------|-------------------|---|
| Name         | Grade Level/Dept. | Date  |
| Home Address | City              | State      Zip  |
| Home Phone   | Age               | Male <input type="checkbox"/> Female <input type="checkbox"/> |

## DESCRIPTION OF ACCIDENT

Location of Incident

Classroom   
  Gymnasium   
  Hallway   
  Lunch Room   
  Outside \_\_\_\_\_   
  Other \_\_\_\_\_

|                  |                  |               |               |
|------------------|------------------|---------------|---------------|
| Time of Incident | Date of Incident | Time Reported | Date Reported |
|------------------|------------------|---------------|---------------|

Describe what took place: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### INSIDE

### OUTSIDE

Lighting:      Poor      Good      Excellent

Type:      Cement      Tile      Carpet

                 Wood      Other \_\_\_\_\_

Conditions of Floor:      Dry      Wet

                                 Fresh Wax      New Carpet

                                 Other \_\_\_\_\_

Weather:      Clear      Rain      Fog

                 Snow      Ice      Sleet

                 Bright      Cloudy      Dusk

Surface Conditions \_\_\_\_\_

Other: \_\_\_\_\_

\_\_\_\_\_

Describe any tools, chemicals or machinery involved in the incident: \_\_\_\_\_

\_\_\_\_\_

## MEDICAL ATTENTION GIVEN

\_\_\_\_\_ First aid given by whom \_\_\_\_\_     
 \_\_\_\_\_ Ambulance called \_\_\_\_\_     
 \_\_\_\_\_ Taken to hospital \_\_\_\_\_     
 \_\_\_\_\_ Doctor/clinic called \_\_\_\_\_

\_\_\_\_\_ ADMITTED \_\_\_\_\_     
 \_\_\_\_\_ RELEASED \_\_\_\_\_

\_\_\_\_\_ HOSPITAL/DOCTOR'S NAME

\_\_\_\_\_ HOSPITAL/DOCTOR'S ADDRESS

If no medical attention was given please explain: \_\_\_\_\_

\_\_\_\_\_

## WITNESS