MANCHESTER PUBLIC SCHOOLS
Student Accident Report

Report ALL accidents to students occurring anywhere, day or night.
After completing the form and obtaining an adminstrator's signature, either fax the form to (860) 647-6372 or scan and e-mail the form to Kim Boerner-Mercier at b47kmerc@mpspride.org. The original form and any documentation is to be included in the student's CHR.

Last Name:_____ First Name:_____ M ☐ F ☐

School:_____ Grade:_____ Age:_____ Student ID:_____

Date of Accident:_____ Time:_____ AM ☐ PM ☐ *Does the student have school insurance?*____

Place of Accident: ☐ School Building ☐ School Grounds ☐ To or From School ☐ Home ☐ Elsewhere

NATURE/DEGREE OF INJURY	PART OF BODY INJURED
Describe, in detail, the **type** of injury sustained: _____ _____ _____ _____ ☐ Death ☐ Permanent Impairment ☐ Temporary Disability ☐ Nondisabling	Describe, in detail, the specific **location(s) of the injury** on the body: _____ _____ _____ _____ _____

Description of the Accident: *Where was the student? What was student doing? How did the accident happen? List specifically unsafe acts and unsafe conditions existing. Specify any tool, machine or equipment involved.*

_____
_____
_____
_____
_____

Immediate Action Taken	
First Aid Treatment: ☑ By (name):_____ Sent to School Nurse: ☐ By (name):_____ Sent Home: ☐ By (name):_____ Sent to Physician: ☐ By (name):_____ Physician's Name: _____ Sent to Hospital: ☐ By (name):_____ Name of Hospital: _____	Was a parent or other individual notified? No ☐ Yes ☐ Time_____ Via_____ Name of person notified: _____ By whom: _____ Comments: _____ _____

Adult in charge when accident occurred:_____ Present at time of accident? ☐

Witnesses: Name_____ Address:_____
Name_____ Address:_____

Total number of days lost from school:_____ ***(To be completed when student returns to school)***

What recommendations do you have for preventing other accidents of this type? _____
_____
_____

Form completed by: _____ Date:_____

Signature of Administrator:_____ Date:_____ Central Office Int:_____