

**STUDENT ACCIDENT / INJURY REPORT FORM**

Tarkio R-I School District  
312 S. 11<sup>th</sup> St. Tarkio, MO 64491  
660-736-4118

The purpose of this form is to reduce accidents among children and thereby avoiding litigation against staff members of the school district. It is necessary when accidents occur that a staff member completes this form carefully and submits it to a building administrator as soon as possible. A copy of this report will be kept in Mrs. McEnaney's office.

Name of Student: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Date of Accident/Injury \_\_\_\_\_ Time of Injury \_\_\_\_\_

Location (ex: playground, classroom, weight room, cafeteria, etc) \_\_\_\_\_

Accident Occurred During: \_\_\_\_\_ classtime \_\_\_\_\_ lunch/breakfast \_\_\_\_\_ passing time \_\_\_\_\_ recess

\_\_\_\_\_ before school \_\_\_\_\_ after school \_\_\_\_\_ field trip \_\_\_\_\_ extra curricular/sporting event \_\_\_\_\_ other

Type of Injury (bruise, bump, bite, cut, etc): \_\_\_\_\_

Body Part(s) Injured: \_\_\_\_\_

Describe in detail the accident / injury:

First adult(s) made aware of the injury: \_\_\_\_\_

Who else was present at the time of the accident? \_\_\_\_\_

First Aid given? \_\_ Yes \_\_ No If so, by whom? \_\_\_\_\_

What first aid measures were given? \_\_ Rest \_\_ Ice \_\_ Bandage \_\_ Other (describe below)

\_\_\_\_\_

Was there blood exposure? \_\_ Yes \_\_ No If so, by whom? \_\_ Staff \_\_ Student Name(s): \_\_\_\_\_

Did the child remain at site? \_\_ Yes \_\_ No If not, where taken

By whom? \_\_\_\_\_ Were parents notified? \_\_ Yes \_\_ No If so, by whom? \_\_

Nurse \_\_\_\_\_

Report completed by: \_\_\_\_\_ Date of report: \_\_\_\_\_

Other Notes: