East Central Catholic Schools

ACCIDENT REPORT – STUDENTS

The information collected below will be used for the purposes of attaining particulars about the accident. All of the information collected will be protected and used in compliance with the Freedom of Information and Protection of Privacy (FOIP) Act.

School:_____

Date form Completed:_____ Date & Time of Accident:_____

Alberta Health Care #_____ Student ID #_____

Name of Injured:_____Gender:_____ Age:_____ Grade:_____

Indicate the one (or more) most appropriate statement(s) from each of the following sections with an X.

1. Body Region(s) Injured:

☐ Head	☐ Teeth	☐ Forearm	☐ Abdomen	☐ Knee
☐ Face	☐ Neck	☐ Wrist	☐ Back	☐ Lower Leg
☐ Nose	☐ Shoulder	☐ Hand	☐ Buttocks	☐ Ankle
☐ Eye	☐ Upper Arm	☐ Finger	☐ Groin	☐ Foot
☐ Ear	☐ Elbow	☐ Chest	☐ Thigh	☐ Other:_____

2. Type of Injury:

☐ Abrasion/Scrape	☐ Laceration/incision/puncture – an open wound
☐ Burn	☐ Muscle strain (pull or tear) – due to use rather than a blow
☐ Bone Bruise – swelling and/or discolouration of bony area	☐ Nose bleed
☐ Concussion – temporary loss of orientation or unconsciousness	☐ Sprain – twisting or moving of a joint beyond normal range
☐ Dislocation/separation – deformity of a joint	☐ Teeth – loosened or broken
☐ Fracture	☐ Other:_____

3. Facility Area:

☐ Gymnasium	☐ Hallway/Stairway	☐ In Transit to/from school
☐ Playing Field	☐ Pool	☐ Other_____
☐ Classroom/Lab	☐ Rink	
☐ Playground – climbing/play apparatus	☐ Locker Room/Shower	

4. Probable Direct Cause:

☐ Accidental collision between participants	☐ Fall or loss of balance where apparatus concerned
☐ Blow delivered by an object (ball, bat, etc.)	☐ No clear or apparent cause
☐ Body contact (not considered a collision) in the	☐ Obstruction on playing area (object or spectator)
☐ normal course of an activity	☐ Strain or overexertion
☐ Carelessness on part of pupil	☐ Other:_____
☐ Fall/trip not due to an observed external factor	

5. Program Phases:

☐ Before/after school, noon hour play	☐ Intramural/ House League
☐ Classroom/Lab Instruction	☐ Physical Education Instruction
☐ Field trip/Out- of- School	☐ Recess
☐ Interscholastic game/practice	☐ Other:_____

6. Activity:

☐ Aquatics	☐ Ice Hockey
☐ Basketball	☐ Ice Sports (Other)
☐ Bordenball	☐ Organized Activity
☐ Dance	☐ Racquet games
☐ European Handball, Field Ball, Field Hockey	☐ Soccer or Speedball
☐ Floor Hockey	☐ Softball or Baseball
☐ Football (tackle)	☐ Track & Field/Cross Country
☐ Football (flag, touch)	☐ Volleyball
☐ Free Play	☐ Wrestling & Personal Defence
☐ Games Lesson	☐ Other:_____
☐ Gymnastics (apparatus)	
☐ Gymnastics (free exercise, tumbling)	

7. Brief Description of Accident (Attach additional page if insufficient space)

_____

_____

_____

_____

_____

8. What was done for the student: (who attended, who was contacted, where sent, and how)

Name of First Aider:_____

_____

_____

_____

Was the parent/guardian notified? Yes / No Time:_____ Date:_____

Was a Concussion Brochure given to parent or Guardian, if head, face or neck impacted? Yes / No

Was child transported to hospital/medicentre? Yes / No by car?_____ by ambulance?_____

Principal:_____ Teacher in Attendance:_____
Signature Signature

Witness(es)_____ _____
to accident Signature Signature

_____ _____ _____ _____
Name Phone Name Phone

Witness(es) report attached? Yes / No

The information provided below will be used for the purposes of attaining particulars about the accident. All of the information collected will be protected and used in compliance with the Freedom of Information and Protection of Privacy (FOIP) Act.

WITNESS TO ACCIDENT

Date Form Completed:_____ Name of Injured Person:_____

Date and Time of Accident:_____ School:_____

Description of Accident: (Attach additional page if insufficient space)

_____

_____

_____

_____

_____

What was done for the student: (who attended, who was contacted, where sent and how?)

_____

_____

_____

_____

_____

Additional Comments:

_____

_____

_____

_____

_____

Witness:_____ **Principal/Teacher/Student/FirstAider**
Signature **Other (Specify):**_____

Name:_____

Address:_____

_____

Phone:_____