

BALTIMORE COUNTY PUBLIC SCHOOLS STANDARD STUDENT ACCIDENT REPORT FORM

1. Name:	Home Address:		
2. School:	Sex: M <input type="checkbox"/> F <input type="checkbox"/>	<input type="checkbox"/> Non-binary	Age: Grade:
3. Time accident occurred:	A.M. <input type="checkbox"/> P.M. <input type="checkbox"/>	Date:	
Date accident reported:	Today's Date:		
4. Place of accident:	School building <input type="checkbox"/> School grounds <input type="checkbox"/> To or from school <input type="checkbox"/> School sponsored activity <input type="checkbox"/>		
5. NATURE OF INJURY <input type="checkbox"/> Abrasion/Cut <input type="checkbox"/> Amputation <input type="checkbox"/> Bruise <input type="checkbox"/> Burn <input type="checkbox"/> Concussion <input type="checkbox"/> Fracture/Sprain <input type="checkbox"/> Other (Specify) PART OF BODY INJURED <input type="checkbox"/> Ankle/Foot <input type="checkbox"/> Knee <input type="checkbox"/> Arm/Shoulder <input type="checkbox"/> Leg <input type="checkbox"/> Elbow <input type="checkbox"/> Mouth <input type="checkbox"/> Eye <input type="checkbox"/> Nose <input type="checkbox"/> Face <input type="checkbox"/> Torso <input type="checkbox"/> Hand/Finger <input type="checkbox"/> Wrist <input type="checkbox"/> Head <input type="checkbox"/> Other (specify) BCPS PROPERTY DAMAGE No <input type="checkbox"/> Yes <input type="checkbox"/>	DESCRIPTION OF THE ACCIDENT How did the accident happen? What was student doing? Where was student? Please describe the physical surroundings and conditions of the site of the event. BCPS REPRESENTATIVE'S STATEMENT: INJURED PERSON'S STATEMENT: WERE THERE ANY WITNESSES No <input type="checkbox"/> Yes <input type="checkbox"/> WITNESS NAME(S)/NUMBER(S):		
6. BCPS individual in charge when accident occurred: Present at the scene of accident: No <input type="checkbox"/> Yes <input type="checkbox"/>			
7. ACTION TAKEN First aid treatment <input type="checkbox"/> By Name: Sent home <input type="checkbox"/> By Name: Sent for medical treatment <input type="checkbox"/> By Name: Name of Provider/Facility: Other <input type="checkbox"/> (specify)			
8. Was a parent or other individual notified? No <input type="checkbox"/> Yes <input type="checkbox"/> When: How: Name of individual notified: By whom?			
9. LOCATION – Mark the appropriate box and use the space to provide details (<i>e.g. math hallway, room 213, soccer field, etc.</i>)			
Athletic field/Stadium <input type="checkbox"/>	Parking Lot <input type="checkbox"/>		
Auditorium/Cafeteria <input type="checkbox"/>	Restroom <input type="checkbox"/>		
Classroom <input type="checkbox"/>	School Grounds <input type="checkbox"/>		
Corridor <input type="checkbox"/>	Stairs <input type="checkbox"/>		
Dressing/Locker Room <input type="checkbox"/>			
Gymnasium <input type="checkbox"/>	Other <input type="checkbox"/>		
Name of BCPS Representative Completing the form:			
Contact Phone Number:			

COPY DISTRIBUTION

1. Copy for Administrator
2. Copy to Nurse
3. Copy to Employee Absence and Risk Management (OEARM) **Greenwood Office** or ORM@BCPS.ORG