



STUDENT OR NON-EMPLOYEE ACCIDENT OR INCIDENT REPORT

INSTRUCTIONS: Send to District General Counsel's Office, N2-240 Davis Center, 1250 Broadway Ave. W. Minneapolis, MN 55411

NOTE: ➔ Notify the District General Counsel's Office by telephone (612) 668-0480 of serious injury

Injury Involves: Student Non-Employee

Name _____ Home Address _____

School _____ School No. _____ Grade/Classification _____ Age _____

Student I.D. Number _____ Sex: M or F (circle) Time of Accident: Hour ___ A.M./P.M. ___ Date _____

Home Phone/Work Phone or Injured Person _____

Place of Accident: School Building To or from School School Grounds Elsewhere(specify)

A. Nature of Injury (Check all that apply) **F. Description of the Accident/Incident**

- Abrasion
- Bite
- Bruise
- Burn
- Cut / Laceration
- Dismemberment
- Fracture
- Head Injury
- Other (Specify: _____)
- Loss of Consciousness
- Poisoning
- Puncture
- Shock (electrical)
- Sprain / Strain
- Teeth injury
- Under the influence of drug/ alcohol

Give Complete Description: e.g. "Student states: ..." Use reverse side for add'l space

B. Part of Body Injured **G. Other Persons Injured:**

- ARM**
- Arm
- Elbow
- Fingers
- Hand
- Shoulder
- Wrist
- HEAD**
- Ear
- Eye
- Mouth
- Nose
- Scalp, face or neck
- Other (specify) i.e. (drugs/alcohol) _____
- LEG**
- Ankle
- Foot
- Knee
- Lower Leg (shin)
- Thigh
- Toe
- TRUNK**
- Abdomen
- Back
- Chest
- Collarbone
- Ribs

Were any other persons injured in the accident / incident?

C. Location **D. Describe Activity** **I. Sent / Taken**

- Athletic Field
- Auditorium
- Cafeteria
- Classroom
- Corridor
- Gymnasium
- Industrial Shop
- Locker Room
- Parking Area
- Park Property
- Playground
- Restroom
- School Bus
- Science Lab
- Sidewalk
- Stairs
- Street
- Swimming Pool
- Other: Specify _____

By: Name of Person taking action: _____ Comments: _____
Sent Home
Sent to Doctor
Doctor's name / Clinic
Sent to Hospital
Name of Hospital

J. Notification

Person Notified: _____ Relationship: _____
When: _____ How: _____
If not, Why? _____

Recommendations to Parent/Guardians for follow up care:

E. First Aid Care Given **K. Description of First Aid**

Given by: (name) _____
Position _____
Form Completed by: _____

Phone: _____ Principal: _____ Date: _____

INSTRUCTIONS TO COMPLETE RESERVE SIDE

Purpose:	<p>This form should be completed to report injuries involving students and/or members of the public (non-employees) which occur on school property or while participating in a school activity. Employee injuries should be reported to their supervisor who will fill out a "First Report of Injury." Questions concerning this form, call Employee Benefits (612) 668-0560.</p>
Completed By:	<p>The principal or program manager is responsible for the completion of the accident report. The principal may designate a staff person to complete this form. Please complete all items asked for on the form. Questions regarding the completion of the form should be directed to District General Counsel's Office at (612) 668-0480.</p>
Injuries/Incidents To Be Reported:	<p>The following injuries should be reported:</p> <ul style="list-style-type: none"> A. Any injury requiring care beyond that given in school. B. Any injury with recommendation to parents, guardians or designee for medical follow-up. C. Accidents with any type of head injury. Even a slight head injury may later develop into a serious injury. D. Any injury/incident of an unusual nature (e.g., poisoning, overdose, etc.). E. Any burns that occur on school property. F. Assault or battery. <p>When an injury occurs and there is question as to whether or not an accident report should be filed, it is recommended that an accident/incident form be completed.</p> <p>Notify :</p> <ul style="list-style-type: none"> A. the appropriate Associate Superintendent or Executive Director, B. the General Counsel's Office and C. the Health Services Office (612) 668-0850 of a serious injury, on the same day that the injury occurs. <p>The report form for a serious accident/injury should be immediately faxed to the District General Counsel's Office at (612) 668-0485.</p>
Return By:	<p>The original is sent to the District General Counsel's Office, within (3) days of the date of injury, N2-240 Davis Center, 1250 Broadway Ave. W., Minneapolis, MN 55411. The principal should sign the form. No copy is to be kept by the school. Employees are required to furnish information requested on the form as a condition of employment with the District.</p>
Use of Data:	<p>This is an investigation report and will be treated as confidential data under the Minnesota Data Practices Act. Data in this report is collected for and may be used for claim, litigation or risk management purposes by the District or its agents. Failure to provide the requested information to the District may preclude the District from fully assisting the parties.</p>

USE THIS SPACE FOR ADDITIONAL INFORMATION OR TO DIAGRAM THE ACCIDENT SCENE