

REPORTING OF ACCIDENTS AND MEDICAL INCIDENTS

Accidents **or medical incidents** which involve students or visitors (Non-Employees) to schools, departments, any of the administrative offices or to the grounds of any of the aforementioned must be documented and reported in written form as soon as possible. Only accidents of a serious nature, ones which require medical attention, such as sprains, possible bone fractures, head injuries, or injuries which result in profuse bleeding, need to be reported in writing. Always report any accident **or medical incident** which you feel may result in a complaint being filed against the school system.

Immediately after learning of an accident **or medical incident** which should be reported, the administrator shall **complete the following**:

1. Take appropriate action to see to the welfare of the **victim**.
2. **If an ambulance is called, as soon possible notify Emily Truan ext. 5203 or Kendra Sheldon ext. 5207 in the Superintendent's Office.**
3. Complete **the Accident/Medical Incident Report Form (Form I attached)**.
4. Request witnesses to complete and sign the Accident Report Form-Witness Statement (**Form II attached**).
5. Submit the written Accident/**Medical Incident Report Form and, if applicable, a Witness Statement Form to the Business Office, attn: Susan Tanner, and maintain a copy of the form at the school.**

ADOPTED: 1/10/89

REVISED: 8/7/00

Columbia County Board of Education

Form I—Procedure JGFG

Accident/Medical Incident Report Form

***Please provide all applicable information.**

1. Date: _____ Time: _____ School: _____
2. Name of Victim: _____
3. Student ID#: _____ Age: _____ Grade: _____
4. Parent/Guardian Name: _____
5. Home Address: _____
6. Home Phone No: _____ Work Phone No.: _____
7. Indicate type of injury or medical incident (mark all applicable):
 - Head injury
 - Eye, nose, mouth injury (circle one)
 - Arm, leg, foot injury (circle one)
 - Body injury (specify body part): _____
 - Medical Incident (specify): _____
8. Individual required treatment from (mark all applicable):
 - Ambulance personnel
 - Medical clinic
 - Parent
 - Hospital—Name: _____
 - Someone on site (name/title): _____
9. Was the parent/guardian notified? Yes No
If yes, - Name of person who notified parent: _____
- Name of person with whom he/she spoke: _____
- Time notified: _____
- Their response: _____

For Accidents Only -- Description of Accident:

10. Activity of injured at time of accident: _____
11. How accident occurred: _____
12. Proximity of teacher/supervisor to injured at time of injury: (Estimate in Feet): _____
13. Treatment of injury: _____
14. Transported by ambulance: Yes No
15. List of all adults present or near accident attached: Yes No NA
16. List of all students' homeroom class attached: Yes No NA
17. List of witnesses and their statements attached: Yes No NA

Submitted by: _____ Date: _____
(School Employee)

Reviewed by: _____ Date: _____
(Principal, Asst. Principal)

