

# REPORT OF STUDENT ACCIDENT OR INJURY

**Student Accident Report form Ind. School District 279 Accident Prevention Program  
Minnesota Department of Education and Minnesota Department of Health**

This form is to be completed for each injury that results in one-half day's absence from school or requires a doctor's attention. Submit all completed reports to the Assistant Superintendent of Administration's office at the end of each calendar month.

Student's Name \_\_\_\_\_ Name of School \_\_\_\_\_

School District Number \_\_\_\_\_ Were school personnel present?

Yes \_\_\_\_\_ No \_\_\_\_\_ Unknown \_\_\_\_\_

Age \_\_\_\_\_ Grade \_\_\_\_\_ Sex: Male \_\_\_ Female \_\_\_

Names of witnesses to accident \_\_\_\_\_

Date of Accident: Mo \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Time of Accident:

A.M. \_\_\_\_\_ P.M. \_\_\_\_\_ Unknown \_\_\_\_\_

Required doctor's attention \_\_\_\_\_

Days absent due to injury \_\_\_\_\_

### DEGREE OF INJURY

- |                                |                                   |
|--------------------------------|-----------------------------------|
| 01 _____ Death                 | 04 _____ No time lost from school |
| 02 _____ Permanent Disability  | 05 _____ Activities Restricted    |
| 03 _____ Lost time from school | 06 _____ Activities Unrestricted  |

### JURISDICTIONAL CLASSIFICATION OF INJURY

- |                                  |
|----------------------------------|
| 01 _____ School Jurisdiction     |
| 02 _____ Non-school Jurisdiction |

### NATURE OF INJURY

- |                           |                            |
|---------------------------|----------------------------|
| 01 _____ Abrasion/Bruise  | 10 _____ Electrical Shock  |
| 02 _____ Amputation       | 11 _____ Foreign Body      |
| 03 _____ Asphyxiation     | 12 _____ Fracture          |
| 04 _____ Bite             | 13 _____ Poisoning         |
| 05 _____ Burns/Scalds     | 14 _____ Puncture          |
| 06 _____ Concussion       | 15 _____ Sprain/Strain     |
| 07 _____ Cuts/Lacerations | 16 _____ Internal Injuries |
| 08 _____ Dislocation      | 17 _____ Multiple Injuries |
| 09 _____ Drowning         | 18 _____ Other (Specify)   |

### LOCATION OF ACCIDENT

- |                                     |                               |
|-------------------------------------|-------------------------------|
| 01 _____ Athletic Field             | 19 _____ Lockers              |
| 02 _____ Auditorium                 | 20 _____ Parking Areas        |
| 03 _____ Cafeteria                  | 21 _____ Playground           |
| 04 _____ Classroom, general         | 22 _____ Public Building      |
| 05 _____ Biology                    | 23 _____ Restrooms            |
| 06 _____ Chemistry                  | 24 _____ Auto Shop            |
| 07 _____ Physics                    | 25 _____ Handicraft Shop      |
| 08 _____ General Science            | 26 _____ Industrial Arts Shop |
| 09 _____ Homemaking                 | 27 _____ Metal Shop           |
| 10 _____ Driver Education           | 28 _____ Woodwork Shop        |
| 11 _____ Corridor                   | 29 _____ Other & Lab          |
| 12 _____ Driveways                  | 30 _____ Shower & Locker Rms  |
| 13 _____ Driving Range              | 31 _____ Sidewalks            |
| 14 _____ Farm                       | 32 _____ Stairs, indoors      |
| 15 _____ Gymnasium                  | 33 _____ Stairs, outdoors     |
| 16 _____ Home                       | 34 _____ Street, Highway      |
| 17 _____ Industrial Place           | 35 _____ Swimming Pool        |
| 18 _____ Lake, River, Body of Water | 36 _____ Yards, Fields        |
|                                     | 37 _____ Other (Specify)      |

### PART OF BODY INJURED

- |                        |                                   |
|------------------------|-----------------------------------|
| 01 _____ Abdomen       | 16 _____ Knee                     |
| 02 _____ Ankle         | 17 _____ Leg, lower               |
| 03 _____ Arm, lower    | 18 _____ Leg, upper               |
| 04 _____ Arm, upper    | 19 _____ Mouth, Lips, Tongue      |
| 05 _____ Back          | 20 _____ Neck/Throat              |
| 06 _____ Chest/Rib     | 21 _____ Nose                     |
| 07 _____ Ear           | 22 _____ Shoulder/Collar Bone     |
| 08 _____ Elbow         | 23 _____ Skull/Scalp/Brain        |
| 09 _____ Eye           | 24 _____ Teeth                    |
| 10 _____ Face          | 25 _____ Toes                     |
| 11 _____ Fingers/Thumb | 26 _____ Wrist                    |
| 12 _____ Foot          | 27 _____ Multiple Internal Organs |
| 13 _____ Hand          | 28 _____ Other (Specify)          |
| 14 _____ Hip           |                                   |
| 15 _____ Jaw           |                                   |

### CAUSE OF INJURY

- |  |
|--|
| 01 _____ Animal  |
| 02 _____ Body Reaction (i.e., fainting)                |
| 03 _____ Caught in, under, or between                  |
| 04 _____ Contact with electrical current               |
| 05 _____ Contact with caustic, noxious substance       |
| 06 _____ Contact with temperature extremes             |
| 07 _____ Contact with a cutting or piercing instrument |
| 08 _____ Fall from elevation                           |
| 09 _____ Fall from same level                          |
| 10 _____ Rubbed or abraded                             |
| 11 _____ Struck against                                |
| 12 _____ Struck by                                     |

### APPARATUS & EQUIPMENT

- |                            |                          |
|----------------------------|--------------------------|
| 01 _____ Balance Beam      | 08 _____ Rings, Ropes    |
| 02 _____ Horizontal Bar    | 09 _____ Slides          |
| 03 _____ Horizontal Ladder | 10 _____ Swings          |
| 04 _____ Side Horse        | 11 _____ Teeter Totter   |
| 05 _____ Merry-go-round    | 12 _____ Trampoline      |
| 06 _____ Jungle Gym        | 13 _____ Weights         |
| 07 _____ Parallel Bars     | 14 _____ Other (Specify) |

## OP 11.1

(Revised: June 2008)

ISD 279 - Osseo Area Schools



UNITING COMMUNITIES OF EXCELLENCE

**REPORT OF STUDENT ACCIDENT OR INJURY (CONTINUED)**

Student's Name \_\_\_\_\_

Name of School \_\_\_\_\_

Date of Accident: Mo \_\_\_\_ Day \_\_\_\_ Year \_\_\_\_

**ACTIVITY OF PERSON**

- | <u>Team Sports</u> |                   | <u>Individual and Dual</u> |                                      | <u>Miscellaneous</u> |                                 |
|--------------------|-------------------|----------------------------|--------------------------------------|----------------------|---------------------------------|
| 01                 | Baseball, soft    | 10                         | Boating                              | 24                   | Dramatics, Concerts             |
| 02                 | Baseball, hard    | 11                         | Gymnastics                           | 25                   | Trips, Excursions               |
| 03                 | Basketball        | 12                         | Hunting & Fishing                    | 26                   | Cleaning, Repairing             |
| 04                 | Football, tackle  | 13                         | Roller Skating                       | 27                   | Conducting Experiments          |
| 05                 | Football, touch   | 14                         | Skateboarding                        | 28                   | Fights, Altercations            |
| 06                 | Soccer, Speedball | 15                         | Snow & Ice Sports                    | 29                   | Horseplay                       |
| 07                 | Hockey            | 16                         | Swimming & Skin Diving               | 30                   | Household Tasks                 |
| 08                 | Volleyball        | 17                         | Tennis                               | 31                   | Working with Tools              |
| 09                 | Other Team Sports | 18                         | Golf                                 | 32                   | Working with Machines           |
|                    |                   | 19                         | Archery                              | 33                   | Playing                         |
|                    |                   | 20                         | Track & Field                        | 34                   | Running                         |
|                    |                   | 21                         | Tumbling                             | 35                   | Sitting                         |
|                    |                   | 22                         | Wrestling                            | 36                   | Walking                         |
|                    |                   | 23                         | Other Individual Sports<br>(Specify) | 37                   | Riding Bicycle                  |
|                    |                   |                            |                                      | 38                   | Riding Motorbike or Scooter     |
|                    |                   |                            |                                      | 39                   | Riding, as passenger car or bus |
|                    |                   |                            |                                      | 40                   | Riding, as driver, car          |
|                    |                   |                            |                                      | 41                   | Other Activities (Specify)      |

Description of Accident \_\_\_\_\_  
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\_\_\_\_\_

Signature of Originator \_\_\_\_\_ Date \_\_\_\_\_

Signature of Principal \_\_\_\_\_ Date \_\_\_\_\_

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White - Assistant Superintendent Administration  
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