

**TUPELO CHRISTIAN PREPARATORY SCHOOL
ACCIDENT REPORT**

Note: The school employee either witnessing the accident or supervising at the time should complete and submit this form within 24 hours of the accident.

Injured's name _____ Age _____ student (grade _____) employee

Address _____ City _____ Zip _____ Phone _____

Date of accident _____ Time of accident _____ a.m. p.m

Location of accident _____

Description of the condition of the area at the time of the accident _____

Describe how the accident occurred *in detail* (required) _____

_____ (use the back or additional sheets if necessary)

Supervised activity? Yes No If yes, who was in charge at the time of the accident? _____

Was he/she present at the time of the accident? Yes No

Did the injured violate any school rules? Yes No If Yes, explain _____

Injury information

Apparent nature of injury:

- | | | |
|-------------------------------------|--------------------------------------|---|
| <input type="checkbox"/> Abrasion | <input type="checkbox"/> Cut | <input type="checkbox"/> Internal |
| <input type="checkbox"/> Concussion | <input type="checkbox"/> Dislocation | <input type="checkbox"/> Strain/Sprain |
| <input type="checkbox"/> Contusion | <input type="checkbox"/> Fracture | <input type="checkbox"/> Teeth (broken) |

Part of body injured:

- | | | | |
|-------------------------------|-------------------------------|----------------------------------|---------------------------------|
| <input type="checkbox"/> Head | <input type="checkbox"/> Face | <input type="checkbox"/> Abdomen | <input type="checkbox"/> Finger |
| <input type="checkbox"/> Eye | <input type="checkbox"/> Neck | <input type="checkbox"/> Arm | <input type="checkbox"/> Leg |
| <input type="checkbox"/> Nose | <input type="checkbox"/> Back | <input type="checkbox"/> Hand | <input type="checkbox"/> Foot |

Other (explain) _____

Was first aid given? Yes No By whom? _____ Description of first aid given _____

Parent or other responsible person notified? Yes No Who was notified? _____

Relationship to injured? _____ Who notified this person? _____

If parent or other responsible person was not notified, explain _____

If injured student left school, to whom released? _____ Relationship to injured? _____

Administration notified Yes No

Signatures:

Person in charge / date

Witness / date

Person giving first aid / date

Witness / date

Person completing this report /date

Administrator / date