

FRANCIS HOWELL SCHOOL DISTRICT

4545 Central School Road Saint Charles MO 63304

INCIDENT/ACCIDENT/INJURY REPORT

Note: Make three copies of the completed report and give to the building administrator/designee within one business day. Fill in all the blanks (use "NONE" if no information is available) and add any comments and/or explanations as needed.

Date of Event _____	Building _____
Place of Event _____	Time of Event _____

STUDENT INFORMATION

Name _____
Grade _____ Date of Birth _____
Parent/Guardian Names _____
Address _____
City/State/Zip _____
Telephone Number (____) _____
Supervising Staff _____
Describe What Happened _____

NON STUDENT INFORMATION

District Employee Yes No

**EMPLOYEES MUST USE WORKER'S
COMPENSATION PROCEDURES**

Name _____
Address _____
City/State/Zip _____
Telephone Number (____) _____

Names of Witnesses _____

IF THIS EVENT IS AN ACCIDENT OR INJURY:

Describe the injury(ies): _____

Describe first aid intervention used: _____

Taken to doctor, hospital or medical facility: Yes No If yes, who transported _____

Name of facility: _____ Attending Physician: _____

Follow-up: Date of contact: _____ Contact name/Relationship: _____

Contact Comments: _____

IF THIS EVENT WAS AN INCIDENT **NOT** INVOLVING AN INJURY:

Describe incident: _____

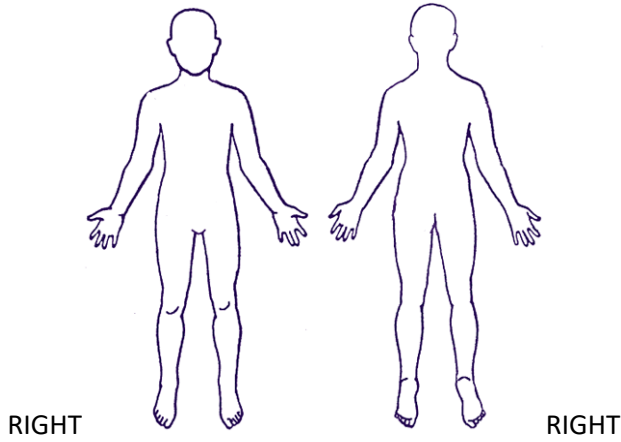
Describe intervention used: _____

Government Agency Involved: _____

PLEASE COMPLETE REVERSE SIDE OF FORM

Name (Please Print) _____ Date _____

PLEASE INDICATE THE LOCATION OF ALL INJURED AREAS



What were the basic causes of the accident?

Did anything contributed to the incident/accident and describe how?

(Equipment, Material, People, Environment)

What were the primary causes of the accident?

(Actions, Conditions, Job Factors, Personal Factors)

Report filed by: _____

Date _____

Signature

Position: _____ Building Administrator _____

Signature

Copies: Original to Finance Office Nurse Coordinator School/Office Files