

# THE SCHOOL BOARD OF DADE COUNTY, FLORIDA

## INJURY REPORT TO BE USED FOR ALL (EXCEPT EMPLOYEES) ACCIDENTS

INSTRUCTIONS: FILL IN ALL SPACES. CHECK (✓) APPROPRIATE YES OR NO BOX. "NA" FOR QUESTIONS NOT APPLICABLE

School: Edison Park Elementary School    Work Location # 1601    Telephone # 305-758-3658    Student I.D. # \_\_\_\_\_  
 Student Yes \_\_\_ No \_\_\_    Accident Date: \_\_\_/\_\_\_/\_\_\_    Time of Accident: \_\_\_\_\_ A.M./ P.M.    SEX M/F \_\_\_    Grade \_\_\_ Age \_\_\_  
 Last Name \_\_\_\_\_    First \_\_\_\_\_    Initial \_\_\_\_\_  
 If Non-Student, Purpose on School Grounds: \_\_\_\_\_

**1. Explain Details of Accident. Answer What, Why and How.    2. All Accidents Requiring Medical Attention Beyond First Aid, Require Investigation**

\_\_\_\_\_  
Accident Investigator's Name

Check (✓) Appropriate YES or NO Line    First Aid at School? Yes \_\_\_ No \_\_\_    Rescue Squad? Yes \_\_\_ No \_\_\_    Parent/Guardian Contacted? Yes \_\_\_ No \_\_\_

Physician Used? Yes \_\_\_ No \_\_\_    Name of Physician \_\_\_\_\_    Telephone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Hospital Used? Yes \_\_\_ No \_\_\_    Name of Hospital \_\_\_\_\_    Telephone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Board Employee Present at Accident? Yes \_\_\_ No \_\_\_    Name \_\_\_\_\_    Telephone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Other Employee Present at Accident: Name \_\_\_\_\_    Telephone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Will Accident Cause Absence? Yes \_\_\_ No \_\_\_    Expected Days Absent \_\_\_\_\_    Did Pupil Have Accident Insurance? Yes \_\_\_ No \_\_\_

**Note: Using Ball Point Pen, Place Applicable Numbers in The Box Below And Specify "Other" on Line**

General Activity	Specific Activity	Accident Agent	Body Part Injured	Nature of Injury
01 Free Play	01 Badminton	01 Animal	01 Abdomen	01 Abrasion
02 Going to/from Class	02 Baseball	02 Automobile	02 Ankle	02 Amputation
03 In-County Field Trip	03 Basketball	03 Ball Bat	03 Arm	03 Bruise
04 Intramural Sports	04 Carrying	04 Bicycle	04 Back	04 Bite-Animal
05 Inside Classroom	05 Climbing	05 Broken Floor	05 Chest	05 Bite-Human
06 Lunch Break	06 Dancing	06 Curb	06 Ear	06 Bite-Insect
07 Out-of-County Field Trip	07 Driving	07 Door	07 Elbow	07 Burn
08 Physical Education	08 Fighting	08 Dust	08 Eye	08 Dislocation
09 Varsity Athletics	09 Football	09 Electrical Fault	09 Face	09 Foreign Body
99 Other- Please Specify:	10 Gymnastic	10 Falling/ Fly Objects	10 Finger	10 Fracture Hernia
□ □	11 Lifting Objects	11 Fence	11 Foot	11 Hernia
	12 Lowering Objects	12 Floor	12 Groin	12 Laceration
	13 Running	13 Furniture	13 Hand	13 Multiple Injuries
	14 Sitting	14 Glass	14 Head	14 Puncture
<b>Accident Location</b>	15 Small Group Games	15 Hand Tool	15 Internal Injuries	15 Sprain/Strain
01 Admin. Area	16 Soccer	16 Hole/ Depression	16 Knee	16 Tooth, Broken
02 Arts & Crafts	17 Softball	17 Loose/ Broken Step	17 Leg/Thigh	17 Tooth, Chipped
03 Auditorium	18 Standing	18 Loose/ No Railing	18 Mouth	99 Other- Please Specify:
04 Bathroom	19 Swimming	19 Moped	19 Neck	□ □
05 Cafeteria	20 Tetherball	20 Motorcycle	20 Nose	
06 Corridor	21 Track/Field	21 Other Person	21 Ribs/Trunk	
07 Gymnasium	22 Tumbling	22 Other Vehicle	22 Shoulder	
08 Hard Court	23 Volleyball	23 Playground Equip.	23 Teeth	
09 Home Economics	24 Walking	24 Pointed Object	24 Toe	
10 Locker Room	25 Wrestling	25 Power Machinery	25 Wrist	
11 Off School Grounds	99 Other- Please Specify:	26 Power Tool	99 Other- Please Specify:	
12 Other Classroom	□ □	27 Private Bus		
13 Parking Lot		28 Public School Bus	□ □	
14 P.E. Field		29 Sidewalk		
15 Playground		30 Stairs		
16 Science		31 Toxic/ Caustic Agent		
17 Shop Class		32 Trees/ Bushes		
18 Shower		33 Volleyball Standard		
19 Sidewalk		34 Window		
20 Stairs		99 Other- Please Specify:		
21 Street		□ □		
99 Other- Please Specify:	□ □			

Principal's Signature \_\_\_\_\_

Date \_\_\_\_\_

Employee# \_\_\_\_\_

Teacher's Signature \_\_\_\_\_