

ACCIDENT & ILLNESS REPORT

St. Regis School District ~ P.O. Box K ~ St. Regis, MT 59866

PERSONAL DATA

NAME		GRADE LEVEL		DATE	
HOME ADDRESS		CITY	STATE		ZIP
HOME PHONE	EMERGENCY PHONE	SOC. SEC. #	AGE		<input type="radio"/> MALE <input type="radio"/> FEMALE

DESCRIPTION OF ACCIDENT

LOCATION OF ACCIDENT					
<input type="radio"/> CLASSROOM	<input type="radio"/> GYMNASIUM	<input type="radio"/> HALLWAY	<input type="radio"/> LUNCHROOM	<input type="radio"/> OUTSIDE	<input type="radio"/> OTHER _____
TIME OF ACCIDENT	<input type="radio"/> AM <input type="radio"/> PM	DATE OF ACCIDENT / /	TIME REPORTED	<input type="radio"/> AM <input type="radio"/> PM	DATE REPORTED / /

Describe what took place: _____

<input type="radio"/> INSIDE	<input type="radio"/> OUTSIDE
LIGHTING: <input type="radio"/> POOR <input type="radio"/> GOOD <input type="radio"/> EXCELLENT FLOOR TYPE: <input type="radio"/> CEMENT <input type="radio"/> TILE <input type="radio"/> CARPET <input type="radio"/> WOOD <input type="radio"/> OTHER _____ CONDITIONS OF FLOOR: <input type="radio"/> DRY <input type="radio"/> WET <input type="radio"/> FRESH WAX <input type="radio"/> NEW CARPET <input type="radio"/> OTHER _____	WEATHER: <input type="radio"/> CLEAR <input type="radio"/> RAIN <input type="radio"/> FOG <input type="radio"/> SNOW <input type="radio"/> ICE <input type="radio"/> SLEET <input type="radio"/> BRIGHT <input type="radio"/> CLOUDY <input type="radio"/> DUSK <input type="radio"/> SURFACE CONDITIONS _____ OTHER CONDITIONS: _____

Describe any tools, chemicals, or machinery involved in the incident: _____

Describe injury if any: _____

MEDICAL ATTENTION GIVEN

FIRST AID GIVEN BY WHOM _____		<input type="radio"/> AMBULANCE CALLED	<input type="radio"/> TAKEN TO HOSPITAL	<input type="radio"/> DOCTOR CALLED
HOSPITAL / DOCTOR'S NAME _____		<input type="radio"/> ADMITTED	<input type="radio"/> RELEASED	
HOSPITAL / DOCTOR'S ADDRESS _____				
If no medical attention was given please explain: _____				

WITNESSES

NAME	ADDRESS	PHONE
NAME	ADDRESS	PHONE

