Beaver Dam Unified School District Accident/Injury Report

****To Complete: Go to 'File', select 'Make a Copy', Fill Out, & Send to the Administrator****

Injured Person				Grade	
Age		Gender		Phone Number	
Parent/Guardian Name					
Home Address					
Date of Accident		Time		Person In Charge	
Accident Witnessed					
Parent Notified (Time)		Notified by:		Student Transferred?	
Alternate Notified (Time)		Notified by:		Physician/ Rescue Squad Called?	

Location	Cause of Injury	Nature of Injury	Location of Injury	Physical Education	Athletics
☐ Auditorium	☐ Animal	☐ Abrasion	☐ Abdomen	☐ Inside	☐ Baseball
☐ Cafeteria	☐ Chemical	☐ Allergic Reaction	☐ Ankle	☐ Outside	☐ Basketball
☐ Classroom	☐ Collison	☐ Bite	☐ Arm	☐ Basketball	☐ X-Country
☐ Corridor	☐ Cutting Objects	☐ Bruise	☐ Back	☐ Games/Relays	☐ Football
☐ Locker Room	☐ Door	☐ Burn	☐ Collarbone	☐ Gymnastics	☐ Golf
☐ Gym	☐ Drugs	☐ Chip	☐ Ear	☐ Swimming	☐ Gymnastics
☐ Home Ec	☐ Electrical	☐ Choking	☐ Elbow	☐ Volleyball	☐ Hockey
☐ Lab	☐ Explosion	☐ Concussion	☐ Eye	☐ Apparatus	☐ Softball
☐ Locker	☐ Fall	☐ Cut	☐ Face	☐ Baseball	☐ Swimming
☐ Pool	☐ Falling Object	☐ Dislocation	☐ Finger/Toe	☐ Football	☐ Track/Field
☐ Shop	☐ Fight	☐ Drowning	☐ Foot	☐ Running	☐ Tennis
☐ Stairs	☐ Fire	☐ Fracture	☐ Forehead	☐ Soccer	☐ Volleyball
☐ Sidewalk	☐ Foreign Object	☐ Laceration	☐ Hand	☐ Softball	☐ Wrestling
☐ Washroom	☐ Hot Liquid	☐ Poisoning	☐ Head	☐ Track	☐ Other
☐ Other	☐ Kick	☐ Pulled	☐ Leg	☐ Other	**Recreation**
☐	☐ Pencil/Pen	☐ Puncture	☐ Mouth	☐	☐ Athletic Field
☐	☐ Poison	☐ Scalds	☐ Muscle	☐	☐ Golf Course
☐	☐ Thrown Object	☐ Scratch	☐ Neck	☐	☐ Gym
☐	☐ Other	☐ Severed	☐ Nose	☐	☐ Locker Room
☐	☐	☐ Shock	☐ Ribs	☐	☐ Playground
☐	☐	☐ Sprain	☐ Shoulder	☐	☐ School Building
☐	☐	☐ Wound	☐ Tooth	☐	☐ Swimming Pool
☐	☐	☐ Other	☐ Thumb	☐	☐ Other
☐	☐	☐	☐ Other	☐	☐

How did the accident happen? (Be Specific) Briefly describe special conditions facilitating this occurrence (ie. ice, child not wearing glasses, child on medication, known disability of illness).			
Specify Actions Taken			
No First Aide Needed	☐	First Aide Needed (Describe Action):	

Employee Workplace accidents ONLY.	Name of person filling out this form:		
	Date/Time call made to EMC Nurse on Call Line (1-844-322-4668):		

Building Admin (Sign/Date): ____________________ | ____________