



ANTHONY INDEPENDENT SCHOOL DISTRICT

ACCIDENT/ILLNESS REPORT

This form should be completed on any occurrence which results in injury or illness

PERSONAL DATA

Name of Person Injured _____ Date of Birth _____ M F

Name of School _____ High Middle Elementary Grade/Dept. _____

Parent/Guardian _____

Home Address _____

Home Phone _____ Street _____ City _____ State _____ Zip _____

Business Phone _____ Parents contacted Y N

ACCIDENT DESCRIPTION

Date of Accident _____ Time of accident _____ AM PM Date reported _____

Location of Accident _____

Give detailed description of accident _____

Signature of Supervisor/Teacher

PARTS OF BODY INJURED

HEAD/NECK

Skull
Face
Neck
Ear R L
Eye R L
Nose
Teeth
Mouth

UPPER EXTREMITIES

Shoulders R L
Upper arms R L
Elbow R L
Forearm R L
Wrist R L
Hand R L
Finger R L

LOWER EXTREMITIES

Hip R L
Thigh R L
Knee R L
Lower leg R L
Ankle R L
Foot R L
Toe R L

TRUNK

Upper back
Lower back
Collarbone
Chest
Lung
Ribs
Pelvis
Internal

SPECIFIC TYPE OF INJURY

Amputation	Concussion	Inflammation	Puncture
Asphyxiation	Cut/Laceration/Abrasion	Ligament/Cartilage	Shock (elictrical)
Bite	Dislocation	Overheated	Sprain/Strain
Bruise/Contusion	Fracture	Paralysis	Sting
Burn/Scald	Frostbite	Poisoning (solid, liquid, gas, vapor)	Teeth injury
Chest pains	Hearing loss		Vision loss
Other (specify) _____			

MEDICAL ATTENTION

Describe first aid given _____

Disposition _____ Signature of person administering first aid _____

Outcome _____

Witness _____

Witness _____

Name of person filing report _____ Date _____