

**DENVER PUBLIC SCHOOLS
PUPIL ACCIDENT REPORT**

NAME _____ (Last) _____ (First) _____ ACCIDENT DATE _____
 HOME ADDRESS _____ TIME _____ A.M. _____ P.M.
 MOTHER OR GUARDIAN _____
 ADDRESS _____ PHONE _____ (Home) _____ (Work)
 FATHER OR GUARDIAN _____
 ADDRESS _____ PHONE _____ (Home) _____ (Work)
☐ PUPIL; ☐ PARENT; OTHER (Specify) _____
 SEX: M F GRADE _____ AGE _____ SCHOOL _____

ACCIDENT JURISDICTION (Check One)

SCHOOL:
☐ AUDITORIUM ☐ CORRIDOR ☐ LABORATORIES ☐ SHOWERS
☐ GROUNDS ☐ DRESSING ROOM ☐ POOL ☐ STAIRS
☐ CAFETERIA ☐ GYMNASIUM ☐ REST ROOM ☐ OTHER (Specify) _____
☐ CLASSROOM ☐ HOME ECONOMICS ☐ SHOP
 OTHER DENVER PUBLIC SCHOOL JURISDICTION (Specify) _____

Length of time to contact parents/guardians _____

NON-SCHOOL: ☐ HOME ☐ TO AND FROM ☐ BICYCLE ☐ TRAFFIC ☐ BUS

NATURE OF INJURY

☐ ABRASION ☐ BURN ☐ LACERATION ☐ SHOCK (EI)
☐ AMPUTATION ☐ CONCUSSION ☐ POISONING ☐ SPRAIN
☐ ASPHYXIATION ☐ CUT ☐ PUNCTURE ☐ OTHER (Specify) _____
☐ BITE ☐ DISLOCATION ☐ SCALD
☐ BRUISE ☐ FRACTURE ☐ SCRATCH

PART OF BODY INJURED (Indicate Left or Right)

☐ ABDOMEN ☐ BACK ☐ ELBOW ☐ FINGER ☐ HEAD ☐ MOUTH ☐ TOOTH
☐ ANKLE ☐ CHEST ☐ EYE ☐ FOOT ☐ KNEE ☐ NOSE ☐ WRIST
☐ ARM ☐ EAR ☐ FACE ☐ HAND ☐ LEG ☐ SCALP ☐ OTHER (Specify) _____

DESCRIPTION OF THE ACCIDENT

Describe fully how accident occurred and what person was doing at the time: _____

List specifically the tool, machine, equipment, game, or activity most closely connected with the accident: _____

Teacher or supervisor in charge: _____

Present at scene of accident: Yes _____ No _____

Witnesses: Name _____ Address _____
 Name _____ Address _____

IMMEDIATE ACTION TAKEN

First aid treatment by _____ Sent home by _____
 Sent to school nurse by _____ Sent to physician: Dr. _____
 Sent to hospital: Name _____
 Name and relationship of person notified _____
 Contact(s) attempted _____ Time contacted _____

FOLLOW-UP REPORT (Complete before mailing copies as marked)

Number of school days missed _____

Signed: Principal _____
 Teacher _____
 Supervisor _____

ORIGINAL - Risk Management
 DUPLICATE - School Copy

DENVER SCHOOL PRESS
 STOCK NO. 01-164012

Name _____ School _____ Interscholastic Athletics: Yes _____ No _____