



Accident Report and First Aid Record Form

Student Injury

CONFIDENTIAL

Basic Information

Date of Accident: _____, 20____
(Month) (Day) (Year)

Time: ____:____ am pm

School: _____

First reported to: _____ Position: _____

Injured Student Name: _____ ☐ Male ☐ Female Grade: ____

Date of birth: Day ____ Month ____ Year ____

Location of Accident:

- | | |
|---|--|
| <input type="checkbox"/> Playing Field Creative | <input type="checkbox"/> Playground Structure |
| <input type="checkbox"/> Tarmac | <input type="checkbox"/> Gymnasium |
| <input type="checkbox"/> Sidewalk | <input type="checkbox"/> Locker Room/Shower |
| <input type="checkbox"/> Washrooms | <input type="checkbox"/> CTS Lab or Shop Area – at home school |
| <input type="checkbox"/> Science Lab | <input type="checkbox"/> CTS Lab or Shop Area – at other school - please specify |
| <input type="checkbox"/> Hallway/Stairway | <input type="checkbox"/> Classroom |
| <input type="checkbox"/> Drama/Art class/Theatre | <input type="checkbox"/> Boot room |
| <input type="checkbox"/> Off Site field trip | <input type="checkbox"/> In transit to or from school |
| <input type="checkbox"/> Exterior stairs | <input type="checkbox"/> Student parking lot |
| <input type="checkbox"/> Other (please specify) _____ | |

Program Phase:

- ☐ Recess/noon hour play/between classes
- ☐ Before/after school
- ☐ Physical Education/Active living
- ☐ Intramural/house league
- ☐ Interscholastic game/practice
- ☐ Science Lab Instruction
- ☐ Regular classroom Instruction
- ☐ School sponsored field trip
- ☐ Work-study – off campus
- ☐ School Assembly/Liturgical Service
- ☐ School Organized Activity/Event (including play days, fire drills, etc.)
- ☐ Spare/Free time/Study period
- ☐ Other (please specify) _____

Were Parents notified? ☐ YES ☐ NO Date/Time: _____

Comments: _____

Names of other(s) involved: Role: (e.g.: student, teacher, witness etc.)

1. _____ Role: _____

2. _____ Role: _____

3. _____ Role: _____

4. _____ Role: _____

Treatment

Did a qualified Division First Aider provide treatment? ☐ YES ☐ NO

(NOTE: If a trained Division person administered first aid, please fill in their name & qualifications below.)

Name of First Aider: _____

Description of First Aid: _____

Division First Aider Qualifications: ☐ Emergency ☐ Standard ☐ Advanced ☐ School Nurse

Was a Physician or Hospital called? ☐ Physician ☐ Hospital - Name: _____

Transported by Ambulance? ☐ YES ☐ NO If yes, where to? _____

Does this individual have a pre-existing medical condition related to this injury? ☐ YES ☐ NO

(NOTE: If yes, please provide some details in the comments section)

Did the Parent/Guardian pick up the child? ☐ YES ☐ NO

Injury Information

What Body Regions Where Injured?

Head/Face/Neck/other Region:

☐ Head ☐ Ear(s) ☐ Neck/throat ☐ Eye(s) ☐ Eyelid
☐ Cheek/Jaw ☐ Nose/Nosebleed ☐ Teeth ☐ Mouth/ Chin
☐ Fainting ☐ Seizure (Diabetic, epileptic) ☐ Reaction (allergic, anxiety, other)

Torso:

☐ Chest ☐ Abdomen/stomach ☐ Back ☐ Sides/Ribs ☐ Collarbone
☐ Buttocks ☐ Groin ☐ Possible internal injuries

Arm: ☐ Left ☐ Right (please check one or both)

☐ Shoulder ☐ Upper Arm ☐ Elbow ☐ Forearm ☐ Wrist
☐ Hand ☐ Finger(s)/Thumb ☐ Fingernail(s)

Leg: ☐ Left ☐ Right (please check one or both)

☐ Hip ☐ Upper leg/thigh ☐ Knee ☐ Lower leg/calf
☐ Ankle ☐ Foot ☐ Toe(s)/Toenail(s)

Injury Type/Severity

Please indicate all injuries sustained (choose as many as applicable).

1. ☐ Minor scrape or bump (requiring band aid or other minimal attention)
2. ☐ Bad scrape ☐ Minor eye injury ☐ Minor cut/laceration/incision/puncture
☐ Minor aches &/or pains ☐ Minor swelling or bruising ☐ Dizziness, nausea, winded
☐ Muscle pull, sprain or strain
3. ☐ Seizure (temporary/short-term – paramedic not called) ☐ Dislocated/separated joint
☐ Temporary disorientation/fainting temporary loss of consciousness ☐ Broken or fractured bone(s)
☐ Severe sprain (potential medium to long term recovery) ☐ Significant bruising (swelling and pain)
☐ Back/spinal injury (considered moderate, short-term, temporary) ☐ Tooth/teeth injury
☐ Laceration (categorized as moderate to somewhat serious requiring stitches or medical attention)
☐ Breathing difficulty (e.g., asthma - ambulance not called)
☐ Burn (minor to moderate, ambulance not called) ☐ Allergic reaction (ambulance not called)
4. ☐ Severe wound (that will have obvious scarring or require surgery or long term affects)
☐ Broken bones with long-term affects (surgery required, pins or plates inserted) ☐ Concussion

- ☐ Back/spinal injury with long term effects ☐ Internal injuries (actual or potential) ☐ Physical assault
☐ Allergic reaction/seizure (ambulance called) ☐ Serious breathing difficulties (ambulance called)
☐ Threat of legal action by parent/guardian – regardless of the injury severity
☐ Media involvement or likely media involvement
 Injury requiring: ☐ Ambulance transport ☐ Surgery ☐ Medium or long-term treatment ☐ Hospitalization

5. ☐ Death ☐ Permanent Disability

Cause

Cause of Injury (indicate as many as apply)

- | | |
|--|--|
| <input type="checkbox"/> Blow delivered by an object (ball, bat, etc.) | <input type="checkbox"/> Fall/trip not due to any observed external factor |
| <input type="checkbox"/> Carelessness on part of individual | <input type="checkbox"/> Accidental collision between participants |
| <input type="checkbox"/> Fall or loss of balance where apparatus concerned | <input type="checkbox"/> Body contact in the normal course of activity |
| <input type="checkbox"/> Blow/hit/trip caused by another person | <input type="checkbox"/> Strain or over exertion |
| <input type="checkbox"/> Obstruction on playing area (object, pedestrian) | <input type="checkbox"/> Animal/Human/Insect bite |
| <input type="checkbox"/> Slip or fall (ice) | <input type="checkbox"/> Slip or fall (other) |
| <input type="checkbox"/> No clear or apparent cause | <input type="checkbox"/> Aggravation of pre-existing injury |
| <input type="checkbox"/> Other – please specify _____ | |

Activity Involved

- | | |
|--|---|
| <input type="checkbox"/> Free play – recess, noon hour | <input type="checkbox"/> Shop or classroom activities |
| <input type="checkbox"/> School organized activity (include play days) | <input type="checkbox"/> Getting on/off bus |
| <input type="checkbox"/> Assembly | <input type="checkbox"/> Class change OR moving between classes |
| <input type="checkbox"/> Fire Drill | <input type="checkbox"/> Study Period/Spare/Free time |
| <input type="checkbox"/> Work experience | <input type="checkbox"/> Lining up after recess/lunch hour |
| <input type="checkbox"/> Aquatics | <input type="checkbox"/> Baseball or Softball |
| <input type="checkbox"/> Basketball | <input type="checkbox"/> Curling |
| <input type="checkbox"/> Dance | <input type="checkbox"/> Dodge ball |
| <input type="checkbox"/> Floor Hockey | <input type="checkbox"/> Football (flag, touch) |
| <input type="checkbox"/> Football (tackle) | <input type="checkbox"/> Gymnastics |
| <input type="checkbox"/> Ice hockey | <input type="checkbox"/> Ice sports (broomball, skating, ringette) |
| <input type="checkbox"/> Lacrosse | <input type="checkbox"/> Rollerblading |
| <input type="checkbox"/> Rugby | <input type="checkbox"/> Racquet games (badminton, tennis, racquetball) |
| <input type="checkbox"/> Soccer | <input type="checkbox"/> Skiing/Snowboarding |
| <input type="checkbox"/> Track & Field or Cross Country | <input type="checkbox"/> Volleyball |
| <input type="checkbox"/> Walking/Running | <input type="checkbox"/> Weight room/training |
| <input type="checkbox"/> Wrestling & Personal defense | |
| <input type="checkbox"/> Other indoor games (netball, speedball, European handball, tag) | |
| <input type="checkbox"/> Physical Education (not specified OR other) | |
| <input type="checkbox"/> Other indoor or outdoor activity – please specify _____ | |

Comments

Please provide a detailed narrative description of the accident which caused the injury:

What steps did you take to prevent this injury from happening in the future? (i.e. spread gravel, additional supervision, report to the Health and Safety department?)

Date of Report: _____ Employee/Supervisor Signature: _____

Principal Signature: _____

***Once your school administration has signed, please email this report to be centrally filled:
studentaccidentreports@psd.ca***

**Documents should be saved as follows: ASN_Student First and Last Name_Accident Report_School
Name_Date of Incident YYYYMMDD**

***THIS FORM MUST BE SUBMITTED TO THE CENTRE FOR EDUCATION WITHIN 24 HOURS OF THE
OCCURENCE***

