



# BTPS STUDENT ACCIDENT REPORT FORM

Name of Injured  Age  FORM #

School  Grade  Male  Female

Name of Parents/Guardians  Date of Accident  Time of Accident

Parent/Guardian Phone  Parent/Guardian Notified? YES  NO

**1. Place of Occurrence:**  
**Travelling to/from School:**

Sidewalk  
 Road or crosswalk  
 Parking lot  
 School bus  
 Private car  
 Field trip at:

**At School (specify subject):**

Classroom:   
 Library  
 Stairs  
 Hallway  
 Lunchroom/cafeteria  
 Gymnasium/auditorium  
 Other sports facility (plse specify):  
 Facility name:

Wash/change/shower room  
 Doorway/door  
 Schoolground  
 Playground area & equipment  
 Laboratory (specify area):  
 Science/Chemistry  
 Industrial Arts/CTS  
 Home Economics/Foods

**2. Supervised By:**  
**(check all that apply)**

Teacher  
 Instructional Assistant  
 Parent/Guardian  
 Crossing Guard  
 Lunch Supervisor  
 Bus Driver  
 No Information/Unknown  
 Unsupervised  
 Other (please specify):

**3. Program Phase**

Regular class instruction  
 Between classes  
 Recess/noon hour play  
 Before or after classes

**3a. If Sports Specify Type:**

Sport:

**and**  
**Level of Activity**

Recreational  
 Interscholastic game/practice  
 Intramural game/practice  
 Phys-Ed instruction

**4. Nature of Injury (check all that apply):**

Scrape/scratch    Crush    Bruise/swelling/bump    Hives/rash    nose bleed  
 cut/laceration/puncture    loss of consciousness/fainting    Difficulty breathing/choking  
 Burn    Sprain/strain/dislocation    Chipped/broken teeth    broken bone  
 Foreign object inhaled/ingested    Foreign object or projectile in eye/ear/nose  
 Other

**5. Cause of Injury:**

Fall due to:  
 Stairs or steps    Furniture  
 Playground equipment  
 Other

Exposure to:  
 Heat/sun    Cold  
 Gas    Chemical  
 Allergen (eg. peanut butter)

Poisoning with:  
 Prescription drug  
 Non-prescription drug  
 Chemical  
 Gas    Other

Burn due to:  
 Flame    Electricity  
 Chemical    Explosion  
 Hot object or liquid

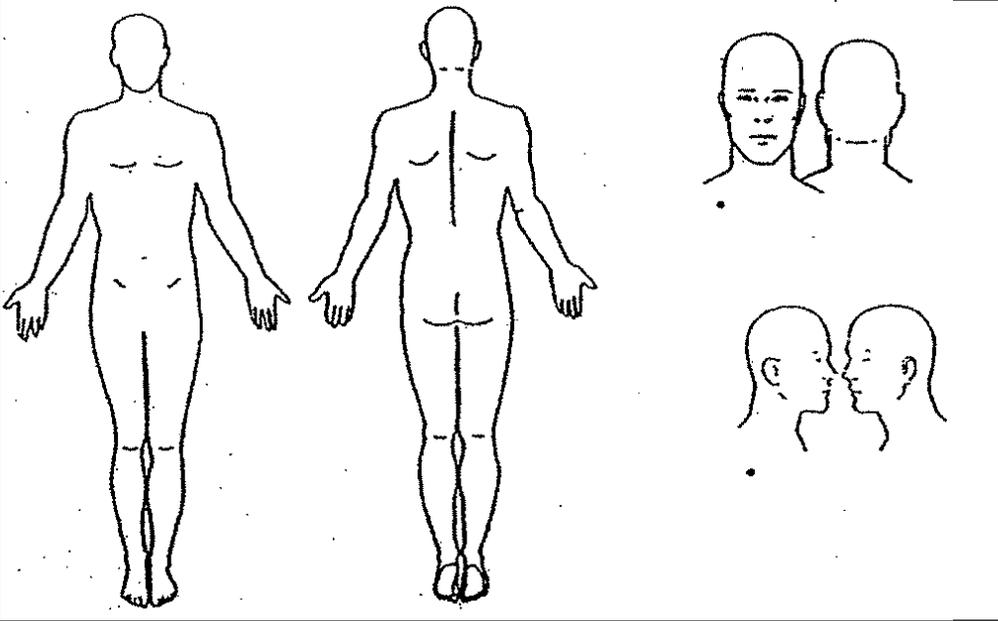
Vehicle-related injury:  
 Car/truck/bus    Motorcycle  
 Tricycle/bicycle    Quad/dirt bike  
 Skateboard/rollerblades/rollerskiis

injured as a:  
 Passenger    Pedestrian  
 Operator

Intentional injury due to:  
 Struck by another person  
 Struck by object or weapon  
 Self-inflicted

Unintentional injury due to:  
 Collision w/object  
 Struck by or collided with person  
 Other

6. Site of Injury - Indicate site of injury by placing an "X" on the figure below, PLUS record actual site (eg. ankle, wrist, tongue):



**7. Means of Disposition:**

- Sent home       Sent to hospital
- Sent to physician       Sent to dentist
- Returned to class
- Other

Transported via:

- Ambulance       staff's vehicle
- Taxi       School vehicle
- Parent/guardian's vehicle
- Walked
- Other

8. How did the incident happen? Please provide detail.

9. Notification (indicate if any of the following were notified of the injury and specify when they were notified.)

- Parent     AM     PM     Teacher     AM     PM     Principal     AM     PM     Secretary     AM     PM
- Coach/Phys. Ed. Lead     AM     PM     OHS Coordinator     AM     PM     EA to Sec-Treas.     AM     PM
- Other

10. Type of treatment given (plus comments, if any):

11. Action taken to prevent further injury (please be specific):

Person completing form:

Position:

Date:

Time:

Location:

Person completing form signature:

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Principal's signature:

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