

TANGIPAOA PARISH SCHOOL SYSTEM STUDENT ACCIDENT/INCIDENT REPORT

SCHOOL _____	PRINCIPAL _____
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INSTRUCTIONS: Please complete this form in its entirety (*PLEASE PRINT*) to report a student accident/incident that occurred while the student was under the jurisdiction of the school. Unless otherwise defined by administrative or court ruling, this includes accidents/incidents that occur while students are on school property, in school buildings, and on the way to and from school. The accident/incident must be described in sufficient detail to show safe and unsafe acts and conditions present when the accident/incident occurred. Please use a checkmark (✓) to mark the appropriate responses. **FORWARD COMPLETED FORM TO KIM NOTARIANO, TPSS RISK MANAGER, VIA EMAIL (kim.notariano@tangischools.org) OR FAX (985-748-2504). MAKE A COPY OF COMPLETED FORM TO KEEP ON FILE AT THE SCHOOL.**

STUDENT INFORMATION

NAME: _____ AGE _____ SEX: MALE FEMALE

HOME ADDRESS: _____

PHONE: _____ GRADE: _____ NAME OF HOMEROOM TEACHER: _____

INCIDENT INFORMATION

DATE OF INCIDENT _____	LOCATION WHERE INCIDENT OCCURRED: <input type="checkbox"/> SCHOOL BUILDING <input type="checkbox"/> SCHOOL GROUNDS <input type="checkbox"/> ATHLETICS <input type="checkbox"/> AUDITORIUM <input type="checkbox"/> CORRIDOR <input type="checkbox"/> DRESSING ROOM <input type="checkbox"/> INTERSCHOLASTIC <input type="checkbox"/> HOME ECONOMICS <input type="checkbox"/> GYMNASIUM <input type="checkbox"/> CLASSROOM <input type="checkbox"/> CAFETERIA <input type="checkbox"/> LABORATORY <input type="checkbox"/> SCHOOL BUS <input type="checkbox"/> STAIRS <input type="checkbox"/> SHOP <input type="checkbox"/> OTHER (SPECIFY) _____
TIME OF INCIDENT _____ () A.M. () P.M.	

SPECIFIC DETAILS OF ACCIDENT/ INCIDENT (EXPLAIN EXACTLY WHAT THE STUDENT WAS DOING AND WHAT HAPPENED.)

NAMES OF OTHER STUDENTS (IF ANY) WHO WERE INVOLVED IN THE ACCIDENT/INCIDENT:

TYPE OF INJURY: ABRASION BRUISE BURN CUT PUNCTURE SCRATCH OTHER (SPECIFY) _____

SPECIFIC PART OF THE BODY THAT WAS INJURED: PLEASE INDICATE: RIGHT LEFT

ANKLE ARM CHEST EYE FACE (SIDE) HEAD KNEE NOSE LEG SHOULDER OTHER (SPECIFY) _____

IMMEDIATE ACTION TAKEN FOLLOWING THE ACCIDENT/INCIDENT:

TREATMENT GIVEN BY: _____ NAME/TITLE OF SCHOOL EMPLOYEE TYPE OF TREATMENT: _____

PARENT OR OTHER INDIVIDUAL NOTIFIED BY: _____ NAME/TITLE OF SCHOOL EMPLOYEE AT _____ TIME () A.M. () P.M.

NAME OF INDIVIDUAL NOTIFIED AND RELATIONSHIP TO STUDENT: _____

PHONE NUMBER OF INDIVIDUAL NOTIFIED: _____

STUDENT SENT HOME WITH: _____ NAME OF PERSON WHO PICKED STUDENT UP FROM SCHOOL & RELATIONSHIP TO STUDENT

STUDENT SENT TO PHYSICIAN: _____ NAME OF PHYSICIAN BY: _____ NAME/TITLE OF SCHOOL EMPLOYEE

STUDENT SENT TO HOSPITAL: _____ NAME OF HOSPITAL BY: _____ NAME/TITLE OF SCHOOL EMPLOYEE

STUDENT TRANSPORTED TO THE HOSPITAL VIA (AMBULANCE, CAR, ETC.) _____

SCHOOL NURSE FOLLOW-UP WITH STUDENT AFTER THE ACCIDENT/INCIDENT:

NAME OF SCHOOL NURSE: _____ DATE OF FOLLOW-UP: _____ SIGNATURE OF SCHOOL NURSE: _____

NAME & JOB TITLE OF PERSON COMPLETING THIS FORM: _____

COMMENTS: _____

INSURANCE CLAIM FORM COMPLETED AND ATTACHED: YES NO DATE SUBMITTED TO RISK MANAGER: _____