

**Mt. Pleasant Public Schools  
Student Accident Report**

Name		Address	
School	Sex Male Female	Date of Birth	Grade/Program
Date of Accident		Time	
Location of Accident (be specific)		Activity of Person (be specific)	
<b>Nature of Injury</b> 1. Wound                      8. Asphyxiation 2. Irritation                9. Burns 3. Abrasion                 10. Concussion 4. Sprain/Strain            11. Amputation 5. Bump/Bruise            12. Damaged Teeth 6. Eyes                      13. No Apparent Injury 7. Fracture                 14. Info Not Provided		<b>Accident Jurisdiction</b> 1. School Grounds 2. School Building 3. To and From School 4. Other Activity 5. Home (Non-School) 6. Other (Non-School)	
<b>Body Area Affected</b> 1. Head            11. Leg 2. Ears            12. Foot 3. Eyes            13. Toes 4. Nose            14. Back 5. Mouth          15. Internal Injuries 6. Arm             16. Upper Body – Multiple Injuries 7. Hands          17. Lower Body – Multiple Injuries 8. Fingers        18. Head – Multiple Injuries 9. Shoulder       19. Abdominal 10. Chest         20. Info Not Provided		<b>Type of Accident</b> 1. Slip/Fall                      8. Interscholastic Sports 2. Playground Equipment    9. P.E. Activity 3. Gym Equipment            10. Recess 4. Laboratory/Shop Equipment                 11. Fighting 5. Horseplay                   12. Bite 6. Swimming Pool             13. Sledding/Sliding 7. Intramural Competition    14. Skating 15. Info Not Provided	
Describe accident, include machine, object or substance involved. Give full details and extent of injury, if any.			
Was there blood born exposure?		If yes, add'l paperwork needs to be completed. Contact building principal.	
Yes                      No			
Unsafe Mechanical/Physical Condition or Act	Supervision (If yes, give title & name of supervisor)		
	Yes                      No		
	Name		Title
What action was taken? (i.e., parent contact, band aid, discussion with student, etc.)			
Date of Report		Report Prepared by (signature & title)	
Principal's Signature			

Original: Superintendent's Office

Copy: Student File