



DISTRICT SCHOOL BOARD OF PASCO COUNTY REPORT OF STUDENT INJURY / ACCIDENT

MIS Form #406
Rev. 9/2015

This report must be completed by the employee present at the scene of the injury/accident.
Please complete this form to the best of your knowledge and submit it to the principal's designee as soon as possible, but no later than 24 hours after an event or you having knowledge that an injury/accident has occurred.

Student Information:

Name: _____ Student # _____ Gender: Male Female
(Last) (First)

Home Address: _____
Street Address Apt. # City State ZIP Code

School: _____ Grade _____ Age _____

Accident/Injury Information:

I. Time of injury/accident _____ a.m. / p.m. Date of injury/accident _____ Date First Reported: _____

II. **Location where Injury occurred** (check one):

School Building School Grounds School Related Activity To/From School Other: _____

III. **Where specifically did it happen?** (check one):

<input type="checkbox"/> Athletic Field	<input type="checkbox"/> Auditorium	<input type="checkbox"/> Gymnasium	<input type="checkbox"/> Locker Room/Shower
<input type="checkbox"/> Pool	<input type="checkbox"/> Stairs	<input type="checkbox"/> Cafeteria	<input type="checkbox"/> Hallway
<input type="checkbox"/> Playground	<input type="checkbox"/> Restroom	<input type="checkbox"/> Student Locker	
<input type="checkbox"/> Classroom; specify what classroom: _____			
<input type="checkbox"/> Areas adjacent to or surrounding school grounds: _____			
<input type="checkbox"/> Other; specify: _____			

IV. **Reported Body Part Injured** (check all that apply):

No injury reported at time of incident

<input type="checkbox"/> Abdomen	<input type="checkbox"/> Back	<input type="checkbox"/> Elbow	<input type="checkbox"/> Finger	<input type="checkbox"/> Head	<input type="checkbox"/> Leg	<input type="checkbox"/> Nose
<input type="checkbox"/> Teeth	<input type="checkbox"/> Ankle	<input type="checkbox"/> Chest	<input type="checkbox"/> Eye	<input type="checkbox"/> Foot	<input type="checkbox"/> Hip	<input type="checkbox"/> Mouth
<input type="checkbox"/> Scalp	<input type="checkbox"/> Toes	<input type="checkbox"/> Arm	<input type="checkbox"/> Ear	<input type="checkbox"/> Face	<input type="checkbox"/> Hand	<input type="checkbox"/> Knee
<input type="checkbox"/> Neck	<input type="checkbox"/> Shoulder	<input type="checkbox"/> Wrist				
<input type="checkbox"/> Other; specify: _____						

V. **Type of injury** (check all that apply):

<input type="checkbox"/> Abrasion	<input type="checkbox"/> Bruise	<input type="checkbox"/> Chemical/Substance exposure	<input type="checkbox"/> Laceration	<input type="checkbox"/> Scratches
<input type="checkbox"/> Bite	<input type="checkbox"/> Burn	<input type="checkbox"/> Head Injury	<input type="checkbox"/> Puncture	<input type="checkbox"/> Swelling
<input type="checkbox"/> Other; specify: _____				

Report Completed by:

Name: _____ Signature: _____ Date: _____

Save original at school and forward copies (1) District Office (2) Risk Management

Retain original at school for seven (7) years and forward a copy to the Risk Management Office via fax or email:
Fax No.: District extension 4-2039 or (813) 794-2039
Email: riskmanagement@pasco.k12.fl.us

DISTRICT SCHOOL BOARD OF PASCO COUNTY
INSTRUCTIONS FOR COMPLETING THE REPORT OF STUDENT INJURY / ACCIDENT

AN INVESTIGATION OF STUDENT INJURY / ACCIDENT REPORT MUST BE COMPLETED WHEN:

- The school administrator or designee must complete this form in its entirety as soon as possible, but no later than **24 hours** following an event or you having knowledge that an injury/accident has occurred.
- An injury requires medical treatment or will take the student out of school as a result of the injury.
- An ambulance is called, regardless of whether or not the student is actually transported.
- A parent or guardian notifies the school that they have taken their child to a doctor because of an injury received while at school.
- An injury experienced while on a field trip that requires first aid or professional medical attention.
- Instances that involve a parent/guardian being notified that their student was injured at school.

For Transportation- Any injury that occurs on a school bus during routine transportation activities. Such incidents will be documented and reported by Transportation Services in accordance with their student injury reporting procedures and with the assistance of the school administrator if necessary.

ALL SECTIONS SHOULD BE COMPLETED IN THEIR ENTIRETY AS FOLLOWS:

▪ **STUDENT INFORMATION:**

- All fields in this section must be accurately completed with the injured student's information.

▪ **ACCIDENT INFORMATION:**

- All fields and appropriate boxes in this section must be accurately completed with the requested information regarding the incident for the following:
 - Date and time the students' injury/accident occurred, including the date the injury was first reported.
 - General location where the student injury/accident is reported to have occurred.
 - Specific location where the student injury/accident is reported to have occurred.
 - Reported body part(s) injured as a result of the student injury/accident
 - Type of injury sustained by the student as a result of the injury/accident.

Once all sections are complete, the administrator or designee completing the form must print and sign their name, followed by the date the form was completed. The original Report of Student Injury/Accident shall be maintained at the school and copies of the completed report shall be distributed to the following: (1) Student's parent/guardian (2) District Office and (3) Risk Management.

Save original at school and forward copies (1) District Office (2) Risk Management

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