



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

MIS Form 406A
9/2015

This information is for risk management purposes and the subject matter contained within is part of a risk management record and is to be solely used for that purpose.

The school administrator or designee must complete this form in its entirety as soon as possible, but no later than **three (3) business days** following an event or you having knowledge of an injury/accident to notify Risk Management of any injury/accident involving students under his or her administrative supervision. The school administrator or designee should investigate all student accidents to determine the cause of accident and submit a report to Risk Management. Attach a separate sheet if needed.

STUDENT INFORMATION:

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

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

School: _____ Grade _____ Age _____

Parent/Guardian: _____ Phone # (_____) _____
(Last) (First)

Does student have School Accident Insurance? Yes No

ACCIDENT INFORMATION:

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

Injury/Accident reported by:

Student Staff Parent Other Enter name of person reporting injury/accident: _____

Person(s) present at scene: _____

Describe events witnessed or what student relates happened; Check one: Student Description Witnessed Account:

Applicable District video surveillance of the location of incident: No Yes If yes, what location? _____

Date Action Taken: _____ First aid given: No Yes If yes, by whom? _____

Describe first aid treatment: _____

Was 911 called? No Yes If yes, which services responded: _____

Was parent or guardian notified? No Yes If yes, date/time: _____ Phone# (_____) _____

Name of Person Notified: _____ By whom notified? _____

Did student leave school as a result of the injury? No Yes If yes, how/destination? _____

If yes, what date/time did student leave: _____ Date/time student returned to school: _____

Did student see a physician? No Yes If yes, name of physician and/or hospital: _____

Treatment and/or diagnosis: _____

Treatment/diagnosis information was report by: Student Parent/Guardian Physician/Hospital Documentation

Name of person rendering care at time of incident: _____

REQUIRED-Principal or Designee's Acknowledgement:

Name: _____ Signature: _____ Date: _____

This form is prepared for "Risk Management" use only

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 INVESTIGATION OF STUDENT INJURY / ACCIDENT REPORT

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

- The school administrator or designee has 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.
- The injury may have been caused due to the physical condition of school ground(s), equipment, the facility, or by a staff member.
- 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.
 - Be sure to ask and indicate whether or not the student has School Accident Insurance.
- **ACCIDENT INFORMATION:**
 - All fields and appropriate boxes in this section must be accurately completed with the requested information regarding the incident.
 - Identify any individuals present at the time of the incident, including but not limited to staff, visitors, volunteers and students. Include the names of all potential witnesses.
 - Provide a detailed description of what witnesses reported and/or what the student relates happened. When describing the incident, include the body part(s) injured including right or left if applicable. Attached additional pages if necessary.
 - Be sure to identify any video surveillance of the incident and make arrangements to preserve the surveillance.
 - Follow-up with the student's parent/guardian to get an update on the student's status and treatment information.
 - Provide any further comments about this incident, including any suggestions for what might prevent this type of incident in the future on a separate piece of paper.

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. Please and submit the completed form together with any attachments to Risk Management.

Administrators are encouraged to review and use the information collected on this form to influence policies and procedures as needed to remedy and prevent reoccurring hazards.