

(1) Recommendation for preventing future accident/injury or damage to property of this type:

(2) Would additional training or funds be required? Explain (append additional sheets if needed):

(3) Requested Safety Inspection:

Immediate Action Taken

First aid treatment	By (Name)	_____
School nurse treatment	By (Name)	_____
Sent home	By (Name)	_____
Sent to physician/hospital	By (Name)	_____
Name of hospital		_____

Was a parent or other individual notified? Click down-arrow

If so, how long after injury?

By what means?

Name of individual notified:

By whom notified (Name):

Witnesses to Accident

Name: _____ Address: _____
Name: _____ Address: _____

Definition of Degree of Injury Categories

Category 1, Death: Self Explanatory

Category 2, Permanent Disability: Such as suspected brain damage, loss of limb, sight, or hearing; etc.

Category 3, Temporary Disability: Impairment of normal bodily movement, motion, or function (i.e. use of a splint, cast, restrictive bandage or crutches); and/or referral for further medical evaluation(s). NOTE: On questionable medical referrals, list only those referral injuries that are diagnosed as temporary disabilities.