

# THE SCHOOL BOARD OF MIAMI-DADE COUNTY

## INJURY REPORT TO BE USED FOR ALL (EXCEPT EMPLOYEE) ACCIDENTS

INSTRUCTIONS: FILL IN ALL SPACES. CHECK (✓) APPROPRIATE YES OR NO BOX. "NA" FOR QUESTIONS NOT APPLICABLE

School: \_\_\_\_\_ Location #: \_\_\_\_\_ Region Office \_\_\_\_\_ Telephone #: \_\_\_\_\_

\_\_\_\_\_  
 Last Name                      First Name                      MI                      Accident Date                      Sex                      Grade                      Age

\_\_\_\_\_  
 Parent/Guardian's Name                      Address                      Telephone #

Student: YES \_\_\_\_\_ NO \_\_\_\_\_ Time of Accident: \_\_\_\_\_ AM \_\_\_\_\_ PM

If non-student, purpose on school grounds \_\_\_\_\_

ALL ACCIDENTS REQUIRING MEDICAL ATTENTION BEYOND FIRST AID, REQUIRE INVESTIGATION. EXPLAIN DETAILS OF ACCIDENT ANSWER WHAT, WHY AND HOW.

\_\_\_\_\_  
 Accident Investigator's Name

PLEASE PLACE APPLICABLE NUMBERS IN THE BOXES BELOW EACH OF THE SIX COLUMNS

GENERAL ACTIVITY 36-37	SPECIFIC ACTIVITY 40-41	ACCIDENT AGENT 42-43	BODY PART INJURED 44-45	NATURE OF INJURY 46-47	
01 Free Play 02 Going to/from class 03 In-County Field Trip 04 Intramural Sports 05 Inside Classroom 06 Lunch Break 07 Out-of-County Field Trip 08 Physical Education 09 Varsity Athletics 99 Other  _____	01 Badminton 02 Baseball 03 Basketball 04 Carrying 05 Climbing 06 Dancing 07 Driving 08 Fighting 09 Football 10 Gymnastic 11 Lifting Objects 12 Lowering Objects 13 Running 14 Sitting 15 Small Group Games 16 Soccer 17 Softball 18 Standing 19 Swimming 20 Tetherball 21 Track/Field 22 Tumbling 23 Volleyball 24 Walking 25 Wrestling 99 Other  _____	01 Animal 02 Automobile 03 Ball Bat 04 Bicycle 05 Broken Floor 06 Curb 07 Door 08 Dust 09 Electrical Fault 10 Falling/Flying Objects 11 Fence 12 Floor 13 Furniture 14 Glass 15 Hand Tool 16 Hole/Depression 17 Loose/Broken Step 18 Loose/No Railing 19 Moped 20 Motorcycle 21 Other Person 22 Other Vehicle 23 Playground Equipment 24 Pointed Object 25 Power Machinery 26 Power Tool 27 Private Bus 28 Public School Bus 29 Sidewalk 30 Stairs 31 Toxic/Caustic Agent 32 Trees/Bushes 33 Volleyball Standard 34 Window 99 Other  _____	01 Abdomen 02 Ankle 03 Arm 04 Back 05 Chest 06 Ear 07 Elbow 08 Eye 09 Face 10 Finger 11 Foot 12 Groin 13 Hand 14 Head 15 Internal Injuries 16 Knee 17 Leg/Thigh 18 Mouth 19 Neck 20 Nose 21 Ribs/Trunk 22 Shoulder 23 Teeth 24 Toe 25 Wrist 99 Other  _____	01 Abrasion 02 Amputation 03 Bruise 04 Bite-Animal 05 Bite-Human 06 Bite-Insect 07 Burn 08 Dislocation 09 Foreign Body 10 Fracture 11 Hernia 12 Laceration 13 Multiple Injuries 14 Puncture 15 Sprain/Strain 16 Tooth, Broken 17 Tooth, Chipped 99 Other  _____	Check (✓) Appropriate    YES    NO  First Aid at School?                      _____  Rescue Squad?                      _____  Parent/Guardian contacted?                      _____  Physician Used?                      _____  _____ Name of Physician  Hospital Used?                      _____  _____ Name of Hospital  Board Employee present at accident?                      _____  Name                      Phone #  Other witnesses to accident:  1. _____ Name                      Phone #  _____ Address  2. _____ Name                      Phone #  _____ Address  Will accident cause absence?                      _____  Expected days absent _____  Did student have accident Insurance?                      _____
01 Admin. Area 02 Arts & Crafts 03 Auditorium 04 Bathroom 05 Cafeteria 06 Corridor 07 Gymnasium 08 Hardcourt 09 Home Economics 10 Locker Room 11 Off School Grounds 12 Other Classroom 13 Parking Lot 14 P.E. Field 15 Playground 16 Science 17 Shop Class 18 Shower 19 Sidewalk 20 Stairs 21 Street 99 Other  _____					

\_\_\_\_\_  
 Principal's Signature

\_\_\_\_\_  
 Instructor

\_\_\_\_\_  
 Date Report Prepared