

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: John A. Ferguson Senior High Location #: 7121 ACCESS Center: 5 Telephone #: 305-551-8708

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

NOTE: USING BALL POINT PEN, 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	Check (✓) Appropriate YES NO
01 Free Play	01 Badminton	01 Animal	01 Abdomen	01 Abrasion	First Aid at School? <input type="checkbox"/> <input type="checkbox"/>
02 Going to/from class	02 Baseball	02 Automobile	02 Ankle	02 Amputation	Rescue Squad? <input type="checkbox"/> <input type="checkbox"/>
03 In-County Field Trip	03 Basketball	03 Ball Bat	03 Arm	03 Bruise	Parent/Guardian contacted? <input type="checkbox"/> <input type="checkbox"/>
04 Intramural Sports	04 Carrying	04 Bicycle	04 Back	04 Bite-Animal	Physician Used? <input type="checkbox"/> <input type="checkbox"/>
05 Inside Classroom	05 Climbing	05 Broken Floor	05 Chest	05 Bite-Human	_____ Name of Physician
06 Lunch Break	06 Dancing	06 Curb	06 Ear	06 Bite-Insect	Hospital Used? <input type="checkbox"/> <input type="checkbox"/>
07 Out-of-County Field Trip	07 Driving	07 Door	07 Elbow	07 Burn	_____ Name of Hospital
08 Physical Education	08 Fighting	08 Dust	08 Eye	08 Dislocation	Board Employee present at accident? <input type="checkbox"/> <input type="checkbox"/>
09 Varsity Athletics	09 Football	09 Electrical Fault	09 Face	09 Foreign Body	_____ Name Phone #
99 Other <input type="checkbox"/> <input type="checkbox"/>	10 Gymnastic	10 Failing/ Flying Objects	10 Finger	10 Fracture	Other witnesses to Accident:
	11 Lifting Objects	11 Fence	11 Foot	11 Hernia	1. _____ Name Phone #
	12 Lowering Objects	12 Floor	12 Groin	12 Laceration	_____ Address
	13 Running	13 Furniture	13 Hand	13 Multiple Injuries	2. _____ Name Phone #
	14 Sitting	14 Glass	14 Head	14 Puncture	_____ Address
	15 Small Group Games	15 Hand Tool	15 Internal Injuries	15 Sprain/Strain	Will accident cause absence? <input type="checkbox"/> <input type="checkbox"/>
	16 Soccer	16 Hole/Depression	16 Knee	16 Tooth, Broken	Expected days absent _____
	17 Softball	17 Loose/Broken Step	17 Leg/Thigh	17 Tooth, Chipped	Did student have accident insurance? <input type="checkbox"/> <input type="checkbox"/>
	18 Standing	18 Loose/No Railing	18 Mouth	99 Other	
	19 Swimming	19 Moped	19 Neck		
	20 Tetherball	20 Motorcycle	20 Nose		
	21 Track/Field	21 Other Person	21 Ribs/Trunk		
	22 Tumbling	22 Other Vehicle	22 Shoulder		
	23 Volleyball	23 Playground Equipment	23 Teeth		
	24 Walking	24 Pointed Object	24 Toe		
	25 Wrestling	25 Power Machinery	25 Wrist		
	99 Other	26 Power Tool	99 Other		
		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			

Principal's Signature

Instructor

Date Report Prepared