

School Accident/Incident Report Form

Name of Injured/Affected Person: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Incident: / /	Time of Incident: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM	Date Reported: / /
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Job Title/Grade Level:	Name of Staff in Charge:
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Building:	Specific Location:
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Extent of Injury: No Injury First Aid Only Taken to Clinic Taken to ER Refused Medical Care _____ Employee Initial

Body Part Injured:

Description of Accident/Incident:

Describe any injuries and what action was taken (i.e. administered first aid, called parents, called ambulance, etc.):

Did Facility Cause the Accident: Yes No Explain:

Any Other Witnesses? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name & Contact Info:	Name & Contact Info:
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Were There Others Injured? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name & Contact Info:	Name & Contact Info:
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Signature of Staff Member Injured/Affected: _____ <input type="checkbox"/> Injured/Affected Unable to Sign	Date: / /
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Report Completed By:	Date: / /
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Building Administrator/Supervisor:	Date: / /
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Scan and Email Completed Form within 24 hours to: **Susie Murphy**
riskmanagement@platteco.k12.mo.us
 816.858.5420, HR. Dept.

Please note: If an employee needs to go to Caduceus open 24 hours. contact someone in the HR department to get prior authorization for the employee to be seen.

If an accident happens outside of the standard hours or is a life threatening emergency, call 911, then contact the building Administrator/Supervisor. The building Administrator/Supervisor should contact the Ex. Director of Operations to report the accident.

If you choose to receive medical care and after investigation your condition is deemed to not be workers' compensation related, you or your insurance company will be liable for the medical charges.

For Central Office Use Only:

Executive Director of Operations:	Date: / /
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Action taken to prevent such accidents in the future:
 YES NO If so, explain:

