Student Accident Report

Division of Financial Services
MONTGOMERY COUNTY PUBLIC SCHOOLS (MCPS)
Rockville, Maryland 20850

INSTRUCTIONS: To be completed by school personnel when reporting any accident involving an MCPS student and submitted to the principal/designee. **See reverse side before completing**.

PART A: ACCIDENT INFORMATION

Injured _____ Birth Date____/____/_____
         Last   *First*   *MI*

Home Address_____
        Street   *City*   *State*   *ZIP Code*

School Name_____ School Number_____ Grade_____ Age_____

Home Phone _____-_____-_____ Cell Phone _____-_____-_____ Student ID #_____

Date of accident____/____/_____ Time of accident ____.____ ☐ a.m. ☐ p.m.

Date accident reported ____/____/_____ Type of activity_____

Specific activity _____ Location of accident_____

Describe accident

Was an adult at scene of accident? ☐ No ☐ Yes Name of Individual _____

PART B: INJURY INFORMATION

Nature of injury_____ Part(s) of body_____, _____, _____

Immediate Action Taken _____

First aid ☐ Yes ☐ No By Whom _____

Sent to health room ☐ Yes ☐ No By Whom _____

Sent to doctor ☐ Yes ☐ No By Whom _____

   Doctor's name_____

Sent back to class ☐ Yes ☐ No By Whom _____

Sent to hospital ☐ Yes ☐ No By Whom _____

   Name of hospital _____

Notified Parent/Guardian or Neighbor ☐ Yes ☐ No By Whom _____

   How notified _____

   If Yes, Date Notified____/____/_____ Time Notified ____.____ ☐ a.m. ☐ p.m.

Total number of days lost from school _____ Student has accident insurance ☐ Yes ☐ No

PART C: AUTHORIZATION

Signature, Principal _____ Date____/____/_____

Distribution: COPY 1/Risk Management, Division of Financial Services; COPY 2/Office of the General Counsel; COPY 3/Retain

INSTRUCTIONS FOR COMPLETING THE STUDENT ACCIDENT REPORT FORM

Complete all of the questions and the authorization section. If not complete the form will be returned. Send the original within two weeks to Risk Management, Division of Financial Services, or email to RiskManagement@mcpsmd.org. Send a copy to the Office of the General Counsel, and keep one copy for your files. Examples of reportable accidents are: All injuries to the head, eye, neck or spine, any bone or joint injury that results in swelling; any puncture wound, burn or laceration that looks as though it may require sutures, ingestion of any drug, chemical, or foreign materials, or any animal bite. Refer to MCPS Regulation EBH-RA, *Reporting Student Accidents*.

PART A: ACCIDENT INFORMATION

Complete as indicated. **Grade.** Indicate the grade level such as 01, 02, 03 … 12 for Grade 1–12. Head Start should be shown as "24," Kindergarten as "25," Special Education as "26," and Ungraded as "27." **Age.** State age of student on last birthday. **Date of Accident.** Indicate per example: 06/10/22 = June 10, 2022. **Time of Accident.** Indicate the exact time the accident occurred per example: 02:10 = Ten minutes past two o'clock. Check whether a.m. (morning) or p.m. (afternoon). **Date Accident Reported.** Indicate per example: 06/21/22 = June 21, 2022.

Type of Activity. Indicate using one of the following codes:

01 Elementary Physical Education	03 Elementary Nonphysical Ed. and Non-noon Recess	05 Secondary Non-Physical Ed.
02 Elementary Noon Recess	04 Secondary Physical Education	06 Varsity & Junior Varsity

Specific Activity. Indicate using one of the following codes:

101 Archery	109 Fencing	117 Parallel/Horizontal Bars	125 Swimming	134 Wrestling/Self Defense
102 Badminton	110 Field Hockey	118 Physical Fitness/Calisthenics	126 Swings	
103 Balance Beam	111 Football	119 Rings/Ropes	127 Tennis	
104 Baseball	112 Games	120 Skating Ice/Roller	128 Track and Field	
105 Basketball	113 Golf	121 Skiing	130 Tumbling	
106 Cheerleader	114 Jungle Gym	122 Slides and Seesaw	131 Vaulting Box	
107 Dance	115 Kickball	123 Soccer/Field-Ball	132 Volleyball	
108 Dodge Ball	116 Muscleman	124 Softball	133 Weight Lifting and Training	

Location of Accident. Indicate using one of the following codes:

201 All Purpose Room	208 Grounds/Nonplayground	215 Locker Room	222 Special Activities (Field Trips, Clubs, Class Trips, etc.)
202 Athletic Field	209 Gymnasium and Auxiliary Gym	216 Motor Vehicle	
203 Auditorium, Stage	210 Home Arts	217 Music and Band Room	223 Stairs
204 Bicycle	211 Industrial Education Shops	218 Outdoor Ed. Site	224 Swimming Pool
205 Cafeteria	212 Laboratories	219 Pedestrian	225 Conference Room
206 Classroom	213 Lavatory	220 Playground	226 Career Programs/Off Campus
207 Corridor	214 Library	221 School Bus	

Description of Accident. Briefly describe how the accident occurred.
Was an Adult Present at Scene of Accident. Check Yes or No.
Name of Individual. Print the individual's full name.

PART B: INJURY INFORMATION—The information in this section is not intended to elicit a medical diagnosis, but is used for statistical purposes.

Nature of Injury—Indicate using one and not more than three of the following codes that best describe(s) the injury/injuries.

37 Abrasion/Bruise	24 Concussion	31 Foreign Body Imbedded/Loose	35 Object in Mouth/Poisoning
23 Amputation	21 Death	26 Fracture/Chipped	30 Puncture
25 Asphyxiation	28 Dental	22 Internal Injuries	36 Sprain/Strain/Pulled Muscle/ Torn Ligament
38 Bite	27 Dislocation	29 Laceration/Cuts	
32 Burns/Scalds/Chemical	33 Electrical Shock	34 Eye	

Part of Body—Indicate using one and not more than three of the following codes. If more than three parts of the body have been injured, indicate the most serious.

69 Ankle	68 Elbow	62 Genital Area	66 Knee	64 Shoulders/Collar Bone
65 Arm	53 Eye	72 Hand	67 Leg	61 Stomach
55 Back	56 Face	52 Head	58 Mouth/Lips/Tongue	73 Teeth
60 Chest/Ribs	75 Fingers/Thumb	63 Hip	54 Neck/Throat	74 Toes
57 Ear	71 Foot	51 Internal Organs	59 Nose	70 Wrist

First Aid—Check Yes or No. If Yes is checked, indicate who gave the student first aid (nurse, secretary, etc.). **Sent To Health Room.** Check Yes or No. If Yes is checked, indicate who sent the student to the health room (secretary, teacher, etc.). **Sent to Doctor.** Check Yes or No. If Yes is checked, indicate who sent the student to the doctor (secretary, teacher, nurse, etc.). Print the doctor's name. **Sent Back to Class.** Check Yes or No. If Yes is checked, indicate by whom. **Sent to Hospital.** Check Yes or No. If Yes is checked, indicate who sent the student to the hospital (nurse, teacher, etc,). Print the Hospital's name. **Was Parent, Guardian, or Neighbor Notified.** Check Yes or No. **Date Notified.** Indicate date per example: 05/21/22 = May 21, 2022. **How Notified.** By telephone, etc. **Time Notified.** Indicate the exact time per example: 10:50 = 10 minutes before 11 o'clock. Check whether a.m. (morning) or p.m. (afternoon). **By Whom.** Print full name of person who notified the parent or guardian. **Total Number of Days Lost from School.** Indicate per following examples: 000.5 = ½ day; 001.0 = 1 day; 100.0 = 100 days; 023.5 = 23½ days. **Student Has Accident Insurance.** Check Yes or No.

PART C: AUTHORIZATION—This form must be signed by the Principal. Also indicate the date this report was signed.