

MONTGOMERY COUNTY PUBLIC SCHOOLS**Student Accident Report**

Division of Financial Reporting
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 ____/____/____

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 Reporting, 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.