

VOLUSIA COUNTY SCHOOLS
COMPREHENSIVE ACCIDENT REPORT

| | | | |
|-----------------------------|---------------------|------------------|-----|
| DATE OF REPORT | SCHOOL/FACILITY | | |
| NAME OF INJURED | | | |
| HOME ADDRESS (street, city) | | | |
| HOME PHONE | GRADE OR OCCUPATION | SEX | AGE |
| DATE OF ACCIDENT | | TIME OF ACCIDENT | |

INJURED PARTY (Check One)

Student _____
Employee _____
Parent _____
Vendor _____
Visitor _____
Other _____

PART OF BODY INJURED

☐ Abdomen ☐ Arm ☐ Back ☐ Chest ☐ Eye ☐ Finger ☐ Foot ☐ Head ☐ Leg ☐ Hand ☐ Other _____

NATURE OF INJURY

☐ Amputation ☐ Bite ☐ Bruise ☐ Burn ☐ Concussion ☐ Cut ☐ Dislocation ☐ Fracture ☐ Puncture
☐ Scald ☐ Scratches ☐ Sprain ☐ Other _____

TREATMENT STATUS

| | | |
|-----------------------------------|---|---|
| <input type="checkbox"/> Clinic | <input type="checkbox"/> Sent to Doctor | <input type="checkbox"/> Sent to Hospital |
| ___ Treated and returned to class | ___ With parent | ___ With parent |
| ___ Notified parents | ___ Other | ___ Ambulance or EVAC |
| ___ Other individual notified | _____ | ___ Other |
| ___ Sent home | | _____ |

LOCATION OF ACCIDENT (be specific i.e. bldg., rm., play ground) _____

COMPLETE DESCRIPTION OF ACCIDENT _____

SUPERVISING INDIVIDUAL (at time of accident) _____

| | | |
|----------------|---------------------|--------------|
| WITNESS (name) | Grade or occupation | Phone number |
| WITNESS (name) | Grade or occupation | Phone number |

SIGNATURE OF INJURED (adult only) _____

PREPARED BY (if other than injured individual) _____

ADDITIONAL INFORMATION OR COMMENTS _____

PRINCIPAL/FACILITY MANAGER (signature) _____

This form must be completed in its entirety within 24 hours and forwarded immediately to the Safety Services Department
Send COMPLETED ORIGINAL (white copy) to Safety Services ***Retain CANARY COPY for your files***