

X E N O S C H R I S T I A N S C H O O L S

Administrative Office 2774 Calumet Street Columbus, Ohio 43202 (614)261-8136 www.xenos.org

STUDENT ACCIDENT FORM

Date: _____ Time: _____

Name: _____ Address: _____

Age: _____ Grade: _____ Teacher: _____

PLACE OF ACCIDENT:

School Building School Grounds To or From School Other (specify) _____

TYPE OF INJURY:

Abrasion Concussion Scratch
 Bite Dislocation Shock
 Bleeding Fracture Sprain
 Broken Tooth Object in Eye Strain
 Bruise Laceration Other (specify) _____
 Burn Puncture _____

LOCATION OF INJURY:

Ankle L-R Eye L-R Leg L-R
 Arm L-R Finger Mouth
 Back Foot L-R Nose
 Chest Hand L-R Tooth
 Ear L-R Head Other (specify) _____
 Elbow L-R Knee L-R _____

How did the accident happen? What was the student doing? Where was the student? List any specific unsafe acts and/or unsafe conditions. Specify any tool, machine or equipment involved:

First aid treatment? No Yes and by whom? _____

Action taken: _____

Parents (or other individual) notified? Yes No

Name of person notified _____ by whom _____

Witness _____ Witness _____

SPECIFIC LOCATION:

- Athletic Field
- Apparatus
- Cafeteria
- Classroom
- Hallways
- Gymnasium
- Lobby

- Locker
 - School Grounds
 - Stairs
 - Washrooms
 - Other (specify)
-

Activity Involved: _____

Remarks concerning accident: _____

Recommendations for prevention of this type of accident: _____

Signatures: Individual Filing Report

Administrator