



MEDICAL INCIDENT/ACCIDENT REPORT
(Report must be verified and signed by someone other than person injured)

1. Name _____ Birth Date _____ Phone _____
Student ___ Staff ___ Visitor ___

Address _____ City _____ State _____ Zip Code _____

2. Date of Incident/Accident _____ Time of Incident/Accident _____ AM ___ PM ___

Location (**BE SPECIFIC**): _____

3. Description of Incident/Accident (**DESCRIBE IN DETAIL** how incident/accident occurred and any additional information):

Witness(es) – Name/Contact Info. _____

4. Type of Injury: (Check if applicable)

- | | | | | |
|--|--------------------------------------|--------------------------------------|--|--------------------------------|
| <input type="checkbox"/> Abrasion | <input type="checkbox"/> Dislocation | <input type="checkbox"/> Head Injury | <input type="checkbox"/> Laceration | <input type="checkbox"/> Other |
| <input type="checkbox"/> Bruise | <input type="checkbox"/> Eye Injury | <input type="checkbox"/> Hematoma | <input type="checkbox"/> Scratches | |
| <input type="checkbox"/> B u r n | <input type="checkbox"/> Fracture | <input type="checkbox"/> Human Bite | <input type="checkbox"/> Sprain/Strain | |
| <input type="checkbox"/> Dental Injury | <input type="checkbox"/> Cut | <input type="checkbox"/> Puncture | <input type="checkbox"/> Internal Injury | |

5. Part of Body Injured: (Check if applicable)

- | | | | | | |
|-------------------------------|--------------------------------|-------------------------------------|---------------------------------------|--------------------------------------|--------------------------------|
| <input type="checkbox"/> Head | <input type="checkbox"/> Chest | <input type="checkbox"/> Abdomen | <input type="checkbox"/> Arm (R L) | <input type="checkbox"/> Leg (R L) | <input type="checkbox"/> Other |
| <input type="checkbox"/> Neck | <input type="checkbox"/> Face | <input type="checkbox"/> Eye (R L) | <input type="checkbox"/> Wrist (R L) | <input type="checkbox"/> Ankle (R L) | |
| <input type="checkbox"/> Back | <input type="checkbox"/> Scalp | <input type="checkbox"/> Hand (R L) | <input type="checkbox"/> Finger/Thumb | <input type="checkbox"/> Foot (R L) | |

6. First Aid Procedures Used:

7. Notification of Incident/Accident:

Parent/Guardian/Staff/Visitor Emergency Contact notified. Date _____ Time _____ AM ___ PM ___

Contact Name: _____

How were Parents/Guardian/Staff/Visitor Emergency Contact notified? Phone Notebook or Letter
 EMS/911

8. Disposition of Injured Student/Staff/Visitor:

Returned to Class/Work Home, transported by _____

First Aid – treated by (Name) _____

EMS/911 Not transported but treated Transported to _____

Ambulance Service Used: _____

9. Signature of Injured (18 years or older) _____ Date _____

10. Report Completed by: _____ Date _____

(Signature)

11. Verified by: _____ Date _____

(Signature Supervisor)

Distribution of Report:

- Building Administrator/Program Supervisor - will provide copy of report to:
- Office/Program File
 - Staff Resources Office (Staff Reports only)
 - Facilities Director (Student, Staff and Visitor Reports)

ACCIDENT/INJURY REPORTING

Once health and safety needs are met, the Medical Incident/Accident Report form must be filed as soon as possible. This includes injuries/accidents which occur during any LISD-sponsored activity, such as Community-Based Instruction, accidents on school buses, or while loading and unloading school buses.

It is important to keep all documentation which reflect efforts to contact Parents/Guardians or emergency contacts.

Submit a Medical Incident/Accident Report form **immediately** to your supervisor for all accidents that result in one of the following:

- Injury or trauma to head
- Nonverbal student
- Suggestion by the parent/guardian that the accident resulted from inappropriate action(s) or procedure(s) by the school
- Medical treatment by a physician, emergency room or dentist, whether taken for treatment by EMS or parent
- Indication by the parent/guardian that a claim will be filed against the school
- **When in doubt, fill it out!**

Your supervisor **must** verify information on the report form and sign the form.

When preparing the Medical Incident/Accident Report form, please keep the following in mind:

- Describe the accident, but make no assessment of responsibility or liability. Parents sometimes want a copy of the school report; so, **BE** accurate without making judgments.
- Review the accident with your supervisor to determine what on-site actions, if any, should be taken to prevent future accidents of similar nature.
- Report any death or serious injury by telephone as soon as possible. Then follow through with a written report.
- Refer parents to your supervisor if they have questions concerning negligence on the part of school personnel.
- **Do not** send home copies of report form. Your supervisors should handle parent requests for copies of report form.
- **Do not** file report form in the CA-60.

Distribution of form will be handled by supervisor.

If injured in a non-LISD facility, you must complete the LISD Medical Incident/Accident Report form. You may be asked to complete an accident report form at the location you were injured as well.

Immediately report any injury/illness to your supervisor or someone in charge. If your injury/illness is a non-emergency you must report to: **WorkspHERE Occupational Medicine, 5449 S. Occidental Highway, Tecumseh, MI 49286, at (517) 423-3901** for treatment. Emergency injuries/illnesses should continue to be treated in a hospital emergency room. If you are treated in an emergency room, you must report to WorkspHERE Occupational Medicine within five (5) days of being treated or being released from the hospital. If you go to a doctor of your own choosing, fees may not be accepted for payment or reimbursement by workers' compensation.