**INCIDENT OR ACCIDENT REPORT**

Immediately after incident, complete and forward to: The Diocese of Pensacola-Tallahassee, 11 North B Street, Pensacola, FL 32502

NOTE: Signature of Teacher and/or immediate supervisor and principal or group leader are required. CALL IMMEDIATELY IF INCIDENT IS SERIOUS.

1. Name: ______________________________ Address: _______________________________________
2. School: ______________________________ Date: ____________________________
3. Time accident occurred: Hour ________ A.M. ________ P.M. ________ Grade or Classification: ________
4. Place of Accident: School Building [ ] School Grounds [ ] To or from School [ ] Home [ ] Elsewhere [ ]
5. Does student have School Accident Insurance [ ] Yes [ ] No

### NATURE OF INJURY

<table>
<thead>
<tr>
<th>Specified Injury</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abrasion</td>
<td>Fracture</td>
</tr>
<tr>
<td>Amputation</td>
<td>Laceration</td>
</tr>
<tr>
<td>Asphyxiation</td>
<td>Poisoning</td>
</tr>
<tr>
<td>Bite</td>
<td>Puncture</td>
</tr>
<tr>
<td>Bruise</td>
<td>Scalds</td>
</tr>
<tr>
<td>Burn</td>
<td>Scars/scratches</td>
</tr>
<tr>
<td>Concussion</td>
<td>Shock (el)</td>
</tr>
<tr>
<td>Cut</td>
<td>Sprain</td>
</tr>
<tr>
<td>Dislocation</td>
<td></td>
</tr>
<tr>
<td>Other (specify)</td>
<td></td>
</tr>
</tbody>
</table>

### PART OF BODY INJURED

- Abdomen
- Ankle
- Arm
- Back
- Chest
- Ear
- Elbow
- Face
- Finger
- Foot
- Hand
- Head
- Heel
- Knee
- Leg
- Mouth
- Nose
- Scalp
- Shoulder
- Skull
- Spine
- Thumb
- Toe
- Wrist
- Other (specify) 

### IMMEDIATE ACTION TAKEN

- First Aid treatment By (Name): ______________________________
- Sent to school nurse By (Name): ______________________________
- Sent home By (Name): ______________________________
- Sent to physician By (Name): ______________________________
- Sent to hospital Physician’s Name: ______________________________
- Sent to hospital By (Name): ______________________________

### DERMINATION OF THE ACCIDENT

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

### LOCATION

- Athletic Field
- Auditorium
- Cafeteria
- Classroom
- Corridor
- Dressing room
- Gymnasium
- Home Econ.
- Laboratories

### SPECIFY ACTIVITY

- locker
- pool
- sch. grounds
- shop
- showers
- stairs
- toilets and
- washrooms

### REMARKS

What recommendations do you have for preventing other accidents of this type?

Signed Principal ______________________________ Teacher ______________________________

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**NOTE:** Signature of Teacher and/or immediate supervisor and principal or group leader are required.