



**Eastern Kentucky University
Model Laboratory School Accident Report Form**

Accident Procedures:

1. Give immediate care – first aid (Call 911 if necessary).
2. Notify Central office – they will notify parents.
3. Place child under parents care, or a physician designated by parents.
4. Fill out the accident form.
5. Send the original copy to the Central office.
6. The teacher should keep the other copy.

I. Individual Involved In Accident

Name: _____
Last First M.I.

Address: _____

City: _____ State: _____ Zip/Postal Code: _____

Phone #: _____ Sex: Male/Female Age: _____ Grade: _____
(Circle One)

II. Accident Details

Date of Accident: _____ Time of Accident: _____

On Campus Off Campus

Exact Location of Accident: _____

Activity of Student at Time of Accident: _____

School Employee in Charge: _____

Details of the Accident: _____

_____ (Use Separate Sheet If Necessary)

Details of Injury: _____

(Continue on Reverse Side)



Was Another Person Involved? Yes/No If Yes, Name: _____
(Circle One)

Witness (es) _____
Name Position Telephone

Property Damage? Yes/No If Yes, Estimated Cost: \$ _____
(Circle One)

III. Follow-up

Parents/Guardian Notified? Yes/No By Whom? _____
(Circle One)

Method of Contact: _____

Was Student Taken to the Doctor or Hospital? _____ By Whom? _____

Emergency Care Provided: First Aid Rendered, No Hospital or Emergency Services Required
(Check one) First Aid Rendered, Emergency Services Only
 First Aid Rendered, Emergency Services and/or Hospital Services
 Admission to Hospital Duration of Stay: _____
 None
 Other: (Specify) _____

What Could Have Prevented This Accident:

Corrective Action Taken or Recommended: _____

Report Prepared By: _____
Name Title

Preparer's Address: _____

Phone: _____ Date Report Filled Out: _____

Return Form To: **EKU Claims Specialist**
Office of Risk Management Phone: (859) 622-5523
Adams House Fax: (859) 622-1258
521 Lancaster Avenue
Richmond, KY 40475-3102

Official Office Use Only:

Report Received By: _____
Name

Date Received: _____ Time Received: _____

Date Processed: _____ Date Filed: _____

