



BETHANIA LUTHERAN SCHOOL  
 Glastonbury Drive Bethania Q 4205 Tel. (07) 3200 5363

## STUDENT ACCIDENT REPORT FORM

NAME OF INJURED STUDENT		MALE/FEMALE
HOME ADDRESS		PHONE:
D.O.B	YEAR AT SCHOOL	DOCTOR
<b>WHERE DID THE ACCIDENT OCCUR?</b>		<b>FACTUAL DESCRIPTION OF THE ACCIDENT (WHAT HAPPENED)</b>
LOCATION NAME		
EXACT PLACE		
TIME	AM/PM	
DATE		
<b>NATURE OF INJURY</b>		<b>ACTION</b>
<u>PART OF BODY INJURED</u>		FIRST AID GIVEN
01 EYE <input type="checkbox"/>	13 BACK <input type="checkbox"/>	
02 EAR <input type="checkbox"/>	14 TORSO-OTHER <input type="checkbox"/>	
03 FACE <input type="checkbox"/>	15 HIP <input type="checkbox"/>	
04 HEAD – OTHER <input type="checkbox"/>	16 GROIN <input type="checkbox"/>	
05 NECK <input type="checkbox"/>	17 KNEE <input type="checkbox"/>	
06 SHOULDER <input type="checkbox"/>	18 ANKLE <input type="checkbox"/>	
07 ELBOW <input type="checkbox"/>	19 FOOT <input type="checkbox"/>	FURTHER ACTION
08 WRIST <input type="checkbox"/>	20 TOE <input type="checkbox"/>	<input type="checkbox"/> NIL <input type="checkbox"/> SICK ROOM <input type="checkbox"/> PARENT NOTIFIED
09 HAND <input type="checkbox"/>	21 LEG – OTHER <input type="checkbox"/>	<input type="checkbox"/> DOCTOR <input type="checkbox"/> AMBULANCE <input type="checkbox"/> HOSPITAL
10 FINGER <input type="checkbox"/>	22 INTERNAL <input type="checkbox"/>	
11 ARM – OTHER <input type="checkbox"/>	23 SKIN <input type="checkbox"/>	ACCIDENT WITNESS
12 CHEST <input type="checkbox"/>	24 RESPIRATORY <input type="checkbox"/>	1.
	25 MULTIPLE <input type="checkbox"/>	2.
<u>DESCRIPTION OF PERSONAL DAMAGE</u>		TEACHER ON DUTY
01 STRAIN/STRAIN	06 BURN/SCALD	11 ALLERGY
02 BRUISE/CRUSH	07 IRRITATION	12 HEARING LOSS
03 LACERATION/CUT	08 BITE/STING	13 SUPERFICIAL
04 DISLOCATION	09 POISONING	14 MULTIPLE
05 FRACTURE	10 CONCUSSION	
		REPORTING OFFICER
		PRINCIPAL'S SIGNATURE
		DATE _____
FURTHER COMMENTS:		
SUBSEQUENT ACTION:		