DISTRICT SCHOOL BOARD OF PASCO COUNTY
REPORT OF STUDENT INJURY / ACCIDENT

MIS Form #406
Rev. 7/2014

This report must be completed by the employee present at the scene of the injury/accident. Please complete this form to the best of your knowledge and submit it to the principal's designee as soon as possible, but no later than 24 hours after an event or you having knowledge that an injury/accident has occurred.

Student Information:

Name: ______________________ (Last) ______________________ (First) Student # ______________ Gender: ☐ Male ☐ Female

Home Address: ______________________ Street Address ______ Apt. # ______ City ______ State ______ ZIP Code

School: ______________________________ Grade ________ Age ________

Accident/Injury Information:

I. Time of injury/accident__________ a.m. / p.m. Date of injury/accident__________ Date First Reported:__________

II. **Location where Injury occurred** *(check one):*

☐ School Building ☐ School Grounds ☐ School Related Activity ☐ To/From School ☐ Other: __________

III. **Where specifically did it happen?** *(check one):*

☐ Athletic Field ☐ Auditorium ☐ Gymnasium ☐ Locker Room/Shower
☐ Pool ☐ Stairs ☐ Cafeteria ☐ Hallway
☐ Playground ☐ Restroom ☐ Student Locker
☐ Classroom; specify what classroom: ______________________
☐ Areas adjacent to or surrounding school grounds: ______________________
☐ Other; specify: ______________________

IV. **Reported Body Part Injured** *(check all that apply):* ☐ No injury reported at time of incident

☐ Abdomen ☐ Back ☐ Elbow ☐ Finger ☐ Head ☐ Leg ☐ Nose
☐ Teeth ☐ Ankle ☐ Chest ☐ Eye ☐ Foot ☐ Hip ☐ Mouth
☐ Scalp ☐ Toes ☐ Arm ☐ Ear ☐ Face ☐ Hand ☐ Knee
☐ Neck ☐ Shoulder ☐ Wrist
☐ Other; specify: ______________________

V. **Type of injury** *(check all that apply):*

☐ Abrasion ☐ Bruise ☐ Chemical/Substance exposure ☐ Laceration ☐ Scratches
☐ Bite ☐ Burn ☐ Head Injury ☐ Puncture ☐ Swelling
☐ Other; specify: ______________________

Report Completed by:

Name: ______________________ Signature: ______________________ Date: __________

DISTRICT SCHOOL BOARD OF PASCO COUNTY

Save original at school and forward copies (1) District Office (2) Risk Management

Retain original at school for seven (7) years and forward a copy to the Risk Management Office via fax or email:
Fax No.: District extension 4-2039 or (813) 794-2039
Email: riskmanagement@pasco.k12.fl.us