

HAMILTON-WENTWORTH CATHOLIC DISTRICT SCHOOL BOARD NON-EMPLOYEE (VISITOR, VOLUNTEER, STUDENT) ACCIDENT REPORT

Please check here if the person was sent to the hospital and do OSBIE report immediately.

1. Injured Person(s)			
Name	Last Name, First name <input style="width: 100%;" type="text"/>	Date of Birth	YYYYMMDD <input style="width: 100%;" type="text"/>
Address	<input style="width: 100%;" type="text"/>	Postal Code	<input style="width: 100%;" type="text"/>
Sex M/F	Age <input style="width: 50px;" type="text"/>	Grade Level <input style="width: 50px;" type="text"/>	Telephone <input style="width: 100%;" type="text"/>
Student/Parent/Volunteer/Visitor/other (circle one)		If student name of parent <input style="width: 100%;" type="text"/>	
*Injury <input style="width: 100%; height: 20px;" type="text"/>			
<i>*Do not diagnose injury, if they have not sought medical. Describe the injury in detail. (e.g: red, swollen, deformed, bleeding right hand.) If they have sought medical, detail what the diagnosis is (e.g; broken right leg)</i>			
2. Details of Incident			
Date	YYYYMMDD <input style="width: 100%;" type="text"/>	Time	24 Hr-HHMM <input style="width: 100%;" type="text"/>
		Type	<input type="checkbox"/> Bodily Injury <input type="checkbox"/> Property Damage
3. Nature of Incident			
Cause (circle one)	Sport Injury, Assault, Slip or fall, Rough play, Other		If other, enter here <input style="width: 100%;" type="text"/>
If sport, what type	<input style="width: 100%;" type="text"/>		
Location	Classroom, Hallway, Stairs, Gym, Field, Parking lot, Other		If other, enter here <input style="width: 100%;" type="text"/>
If not on home school property, enter address		<input style="width: 100%;" type="text"/>	
4. Description of Incident			
How incident occurred. Brief, concise statement of facts only. Include any equipment, materials used, area conditions.			
<input style="width: 100%; height: 40px;" type="text"/>			
5. Witnesses			
	Name	Address	Telephone
Witness #1	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Witness #2	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

6. First Aid

First aid provided

Name of First Aider

7. School Details

School

Address

Teacher

Principal

Date

YYMMDD

Telephone

Signature of person completing report

Principal's Signature

Date: _____

Date: _____

Confidentiality Notice: This material may contain confidential or personal information that may be subject to the provisions of the Freedom of Information and Protection of Privacy Act, the Municipal Freedom of Information and Protection of Privacy Act or the Personal Health Information Protection Act.

Routing: Building Supervisor/Principal

Copy to be kept in Student's OSR