**Appendix J**

**EXAMPLE SCHOOL ACCIDENT REPORT FORM**

*(Taken from AfPE Safe Practice in Physical Education, School Sport and Physical Activity 2020)*

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| --- | --- | --- | --- |
| 1. **Accident Details** | | **Date:** | |
| Student’s name: | Age: yrs mths | Gender: | Height in cm: |
| Student’s health prior to the accident: |  |  |  |
| Student’s home address:  Tel no: |  |  |  |
| Date and time of accident: | | Class: | No in class: |
| Member of staff in charge: | | Other adults present in lesson: | |
| Type of lesson: | | Unit no. | Lesson no. |
| Nature of injury: | | | |
| **Location:** | | | |
| In the space above, draw a plan of the location of the accident showing the position of:   * Any apparatus, equipment or other people * The student involved in the accident * Any adults present * Two witnesses   Give approximate measurements to show the relative relationship of the people to the apparatus and to each other. | | | |
| **Other persons involved:**  Names of any school staff sent to assist at the scene of the accident: | |  | |
| Name of person who carried out emergency aid: | |  | |
| Name of witnesses – indicate both **adults** and **students:** | |  | |
| Statements obtained from witnesses:  *(Circle appropriate response)* | | Yes | No |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of person who contacted:   * Ambulance service: * Student’s parents: | | | | |
| 1. **Post-accident Procedures** | | **Date:** | | |
| **Assessment of the nature of the injury determined that the student should be treated by:**  ***(Circle appropriate response)*** | | | | |
| School only | Hospital A&E department | | Student’s doctor | |
| **Treatment at school:**   * Name of person who carried out treatment: * Treatment details (brief): | | | | |
| **Treatment at A&E department:**   * Approximate time between accident and arrival of ambulance: * Name of paramedic (if possible): * Who accompanied the student to hospital? *(Circle appropriate response)*   Parent Staff Member Responsible adult | | | | |
| * If school staff, state name: | |  | | |
| * Did the hospital ask a member of staff to sanction any action or form of treatment prior to the arrival of parents? *(Circle appropriate response)* | | Yes | No | |
| *(The Children’s Act places a duty on school staff to take the emergency action necessary to ensure the health, safety and well-being of children in their care).*  If **Yes**, specify action or treatment:   * Approximate time parents arrived at hospital: | | | | |
|  | | | | |
| * Was the student admitted to hospital following treatment in A&E? *(Circle appropriate response)* | | Yes | No | |
| * Did the student receive treatment for identified injuries at hospital? *(Circle appropriate response)* | | Yes | | No |