**Appendix J**

**EXAMPLE SCHOOL ACCIDENT REPORT FORM**

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

| 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 |