

# SCHOOL ACCIDENT/ INCIDENT REPORT

NAME AND ADDRESS OF SCHOOL

Lansing Central School District  
 \_\_\_\_\_ RBC Elementary School  
 \_\_\_\_\_ Middle School  
 \_\_\_\_\_ High School  
 264 Ridge Road  
 Lansing, New York 14882

This report is to be completed and filed at the School Health Office for each pupil involved in an accident on or off the school premises while on a school sponsored project. Please complete all entries. Use other side if necessary.

NAME OF PUPIL		DOB	AGE	GRADE	PHONE NO.
ADDRESS					
ACCIDENT DATE	TIME	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	LOCATION		
SUBJECTIVE DATA:					

LOCATION :	<input type="checkbox"/> SCHOOL BUILDING	<input type="checkbox"/> SCHOOL GROUNDS	<input type="checkbox"/> SCHOOL BUS	<input type="checkbox"/> AWAY FROM SCHOOL
ACTIVITY :	<input type="checkbox"/> SCHOOL SPONSORED	<input type="checkbox"/> SCHOOL SUPERVISED	STUDENT WAS A:	<input type="checkbox"/> PARTICIPANT <input type="checkbox"/> SPECTATOR
TIME :	<input type="checkbox"/> TO SCHOOL	<input type="checkbox"/> DURING SCHOOL	<input type="checkbox"/> DURING LUNCH	<input type="checkbox"/> AFTER SCHOOL
TRAVELLING :	<input type="checkbox"/> TO SCHOOL	<input type="checkbox"/> FROM SCHOOL	<input type="checkbox"/> TO FROM	RELIGIOUS SERVICE
ATHLETICS :	<input type="checkbox"/> INTRAMURALS	<input type="checkbox"/> INTERSCHOOL		

INJURY			
FIRST AID RENDERED			BY WHOM?
PARENTS NOTIFIED <input type="checkbox"/> YES <input type="checkbox"/> NO	WHEN?	HOW?	BY WHOM?
FAMILY PHYSICIAN	WAS HE CALLED <input type="checkbox"/> YES <input type="checkbox"/> NO	WHEN?	BY WHOM?
OTHER INSURANCE			
DISPOSAL OF CASE	STUDENT WENT: <input type="checkbox"/> HOME <input type="checkbox"/> TO CLASS <input type="checkbox"/> TO HOSPITAL <input type="checkbox"/> PHYSICIAN		
WITNESSES			
SUPERVISOR ON DUTY			PHONE NO.

**APPLICABLE IN NEW YORK**

**FOR YOUR PROTECTION NEW YORK LAW REQUIRES THE FOLLOWING TO APPEAR ON THIS FORM:**

Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

DATE OF THIS REPORT \_\_\_\_\_

SCHOOL PERSONNEL IN CHARGE \_\_\_\_\_