**Accident/Injury/Illness Report Form (Form 25)**

Reference Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(Office Use Only)**

***Part A – Event Information***

**General**

|  |  |
| --- | --- |
| School/Site: | |
| Date of Event: | Time of Event: |
| Date Reported: | 1st Reported to: i.e. Principal, Secretary, Teacher etc. |
| 1st Reported to – First Name: | 1st Reported to - Last Name: |

**Description:** Describe what the person was doing, what happened, how it happened and injury(s) sustained.

Click here to enter text.

|  |
| --- |
|  |

**Location**

|  |  |
| --- | --- |
| Did accident occur at School? | Location: |
| Off-site Location Details i.e. address, rural or city road location, etc. : |  |

***Part B – Involved Person Information***

**Involved Person** (If multiple persons are associated with this event, please complete the Multiple Person Form and attach it to this report).

|  |  |
| --- | --- |
| Involved Person is a: | |
| First Name: | Last Name: |
| Gender: | Phone Number: |
| Email Address: | |
| Date of Birth: | Grade: |

**Information**

|  |
| --- |
| Additional Information specific to this person: |

**Parent/Guardian Information**

|  |  |
| --- | --- |
| Was parent/guardian notified? | Date Notified: |
| Parent/Guardian 1st Name: | Parent/Guardian Last Name: |
| Parent/Guardian Phone No.: | Parent/Guardian Email: |
| Did Parent/Guardian pick up child? | |
| Parent/Guardian comments: | |

**Injuries/First Aid**

|  |  |
| --- | --- |
| Was the person injured? Circle - Yes or No | First Aid Administered: Circle - Yes or No |
| Description of First Aid**: (i.e., CPR, ice, compression, elevation, examined, immobilized, splinted, taped, tensor, sling, counselled, wound management etc.)** | |
| First Aider’s 1st Name: | First Aider’s Last Name: |
| Qualified First Aider? | First Aider Qualification: |
| EMS Called? | Transported by EMS? |
| EMS Destination: | |
| Further Medical Attention Sought? | What type? |
| Were there any pre-existing medical conditions? | |

**Legal/Media**

|  |
| --- |
| Has legal action been threatened? |
| Details: |
| Has media been involved or likely to be involved? |
| Details: |

**Type of Injuries**

|  |
| --- |
| Program: |
| Activity: |
| Equipment Involved: |
| Corrective actions taken, if applicable: |

|  |  |  |
| --- | --- | --- |
| **Injury/Illness Type** | **Body Part** | **Left/Right/NA** |
|  |  |  |
|  |  |  |
|  |  |  |

**Electronic Submission Details:**

|  |  |
| --- | --- |
| Submitter’s First Name: | Submitter’s Last Name: |
| Email: | Phone: |
| Supervisor: | |
| Supervisor’s First Name: | Supervisor’s Last Name: |
| Supervisor’s Email: | |
| Date Submitted: | |

|  |  |  |
| --- | --- | --- |
| Report completed by:  (Print name and sign) |  | Date Signed: |
| Signature of Principal:  (Print name and sign) |  | Date Signed: |

*Personal information is collected under the authority of Section 33c of Alberta’s Freedom of Information and Protection of Privacy Act (FOIP). This information will be used to respond to potential emergencies involving the person (s) whom you have identified above. It will be treated in accordance with the privacy protection provisions of the FOIP*