

SCHOOL HEALTH SERVICES

Accident Report

Date: _____ Name: _____ I.D.#: _____

Address: _____ DOB: _____ Male/Female

Date of Accident: _____ Time: _____ AM/PM School: _____

Status: _____
____ Student _____ Employee _____ Visitor _____ Grade: _____ Teacher: _____

Parent/Guardian: _____ Notified: _____ yes _____ no

Ambulance: _____ yes _____ no Hospital: _____ Police notified: _____ yes _____ no

Type of Accident:

<input type="checkbox"/> ABRASION	<input type="checkbox"/> BLUNT INJURY	<input type="checkbox"/> BRUISE/BUMP	<input type="checkbox"/> BURN
<input type="checkbox"/> CHOKING	<input type="checkbox"/> FALL	<input type="checkbox"/> FRACTURE	<input type="checkbox"/> GSW
<input type="checkbox"/> HEAD INJURY	<input type="checkbox"/> LACERATION	<input type="checkbox"/> OVERDOSE	<input type="checkbox"/> HEAT EMERGENCY
<input type="checkbox"/> POISONING	<input type="checkbox"/> PUNCTURE	<input type="checkbox"/> SEIZURE	<input type="checkbox"/> SHOCK
<input type="checkbox"/> SPRAIN	<input type="checkbox"/> STAB WOUND	<input type="checkbox"/> STING/BITE	<input type="checkbox"/> OTHER _____

Body Part Injured:

<input type="checkbox"/> ABDOMEN	<input type="checkbox"/> ANKLE R/L	<input type="checkbox"/> ARM R/L	<input type="checkbox"/> BACK/SPINE
<input type="checkbox"/> CHEST	<input type="checkbox"/> EAR R/L	<input type="checkbox"/> ELBOW R/L	<input type="checkbox"/> EYE R/L
<input type="checkbox"/> FACE	<input type="checkbox"/> FINGERS	<input type="checkbox"/> FOOT R/L	<input type="checkbox"/> HAND R/L
<input type="checkbox"/> HEAD	<input type="checkbox"/> HIP R/L	<input type="checkbox"/> KNEE R/L	<input type="checkbox"/> LEG R/L
<input type="checkbox"/> MOUTH	<input type="checkbox"/> NOSE	<input type="checkbox"/> RIBS R/L	<input type="checkbox"/> SHOULDERS R/L
<input type="checkbox"/> TEETH	<input type="checkbox"/> TOES	<input type="checkbox"/> WRIST R/L	<input type="checkbox"/> OTHER _____

How did the accident occur? _____

Treatment: _____

Person(s) providing aid: _____

Witness _____

Witness _____

Person Preparing Report

Principal

(Original student health record and copies to building principal and LeAnne Hensley, Superintendent Secretary, Ed Center)