Student Accident/Injury Report

This report is to be completed **on the date of the injury**, by the supervising adult, administrator, or nurse and submitted to the building administrator no later than the day following the accident/injury.

Student Name: _____ **Male** _____ **Female** _____

Grade: _____ **Parent Phone Number**: _____

Time of Incident: _____ a.m. p.m.

Date injured: ___/___/___ **Date injury Reported**: ___/___/___ Entered into APSCN ___/___/____

Where did the accident/injury take place? _____

Was accident witnessed? _____ **If yes, by whom?** _____

Describe how accident occurred. Give all possible details. _____

_____

Which best describes the activity?

___Play or practice of interscholastic sports
___P.E. Class/Athletics
___School sponsored field trip
___School sponsored activity during school hours
___During class
___During lunch hour
___On school bus
___On school property during school hours
___Traveling to/from school
___A spectator

If engaged in an interscholastic sport at time of injury, what was the sport? _____

Name of person supervising the activity: _____

PLEASE SUBMIT TO BUILDING ADMINISTRATOR WITHIN ONE DAY OF THE INJURY.

Office Use Only -- To be completed by Nurse or Administrator

Nature of Accident		Part of Body Injured		
___Abrasion	___Head Injury	___Abdomen	___Eye*	___Head
___Bruise/bump	___Fracture	___Ankle*	___Face	___Knee*
___Burn	___Laceration	___Arm*	___Finger*	___Leg*
___Cut	___Puncture	___Back	___Foot*	___Teeth
___Convulsion	___Shock	___Chest	___Hand*	___Wrist*
___Dislocation	___Sprain/Strain	___Elbow*	___Clavicle	
Other: _____		Other: _____		
_____		*Right, left, or both		

Were parents notified? Yes No **By whom?** _____ **Date**: _____

Advised to see a physician? YES _____ NO _____

Treatment and disposition: _____

_____***Signature of Principal/Nurse***

Reminder: Copies need to be made for the Nurse, Principal's office and Superintendent's office.