

# Injury / Accident Form

Please circle one:      **Student**      **Employee**      **Non-Employee**

Accident Date: \_\_\_\_\_ Time: \_\_\_\_\_ School Insurance: Yes / No

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

**Injury or Illness:** If Illness – Symptoms noted: \_\_\_\_\_

**Injury to:** R L Head Face Nose Eye Mouth Neck Shoulder Arm Elbow Wrist  
\_\_\_\_\_Finger Chest Abdomen Back Hip Leg Knee Ankle Foot \_\_\_\_\_Toe

**Description of Injury:** \_\_\_\_\_

**Abnormal Signs & Symptoms:** \_\_\_\_\_

**First Aid:** Bacitracin/Band-Aid Ice Ace Bandage Splint Sling Crutches Elevation  
Other: \_\_\_\_\_

**Place of Occurrence:** Gym Playground Hall Steps Classroom Other: \_\_\_\_\_

Describe the action that caused the accident: \_\_\_\_\_

**School Equipment Involved?** Yes / No

**School Nurse Notified?** Yes / No      **Name of Nurse:** \_\_\_\_\_      **Time Notified:** \_\_\_\_\_

**Was injured student taken to the hospital?** Yes / No      **If Yes, how transported to Hospital:**

**Ambulance?** Yes / No      **Family Member?** Yes / No      **Other:** \_\_\_\_\_

**To Physician's Office?** Yes / No      **If Yes, how transported:** \_\_\_\_\_

Person Notified & Relation: \_\_\_\_\_ @ \_\_\_\_\_

Time Notified: \_\_\_\_\_

Person Handling Emergency: \_\_\_\_\_

Report Completed By: \_\_\_\_\_      **Witness:** \_\_\_\_\_

Date of Report (if different than date of accident) \_\_\_\_\_

Copies to:      \_\_\_\_\_ School Office      \_\_\_\_\_ Insurance      \_\_\_\_\_ Nurse      \_\_\_\_\_ District Office