



# Injury/Accident Report

Date & Time of Injury/Accident: \_\_\_\_\_ School: \_\_\_\_\_

Name: \_\_\_\_\_ Birthday: \_\_\_\_\_ Sex: M\_\_ F\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

**Description of the Accident:**

*How did the accident happen? What was the student (visitor) doing? Where was the student (visitor)? What caused the accident? Was anyone else involved in the accident? Describe the accident in detail. Please continue on back if you need additional space.*

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Referral: Office/Nurse/Trainer/Other: \_\_\_\_\_ Sent back to class \_\_\_ Time: \_\_\_\_\_  
Parent called: \_\_\_\_\_ Time: \_\_\_\_\_ Response: \_\_\_\_\_  
Taken to : Doctor \_\_\_ Dentist \_\_\_ ER \_\_\_ ER by EMS \_\_\_ Home \_\_\_ other: \_\_\_\_\_

Nurse/Trainer Notes re school treatment of injury/accident: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Teacher/Adult Present: \_\_\_\_\_ Student Witness: \_\_\_\_\_

Administrator notified/involved: \_\_\_\_\_

Report prepared by: \_\_\_\_\_ Date of report: \_\_\_\_\_

Corrective Action or Recommendations for prevention of other accidents of this type: \_\_\_\_\_

\_\_\_\_\_