

Sheridan County School District #1

STUDENT ACCIDENT REPORT

School _____ Date of Report _____ Name of Student _____

Sex: Male Female Grade _____ Age _____ Home Address _____

Phone _____ Teacher _____ Time of Accident: Hour _____ A.M. P.M.

Date of Accident: _____ Witness Name: _____

Location of Accident (check where applicable):

- Athletic Field Playground Classroom Cafeteria
 Dressing Room Gymnasium Home Ec Science Lab
 Rest Room School Grounds Shop Stairs
 Corridor Bus Showers Bus Stop

Nature of Injury (check where applicable):

- Abrasion Fracture Scratches
 Amputation Human Bite Sprain
 Animal Bite Laceration
 Avulsed Puncture
 Other _____

Part of body injured:

- Ankle Eye Head
 Arm Face Knee
 Back Finger Leg
 Clavicle Foot Nose
 Elbow Hand Scalp
 Toe Wrist
 Tooth Other _____

Description of Accident

How did the accident happen? What did the child state? (Use quotes) Where was the student?

Signature of person reporting

First Aid – RX given and by whom: _____

Was the parent or other individual notified? No Yes When? _____

Name of individual notified _____ How? _____

By whom? _____

Called 911 Sent to: Home Physician Class _____ Hospital

How was student transported? _____

Reviewed by: _____ and _____

(School Nurse)

(Principal)

Place completed form in student's health records and send copy to Business Manager