

SCHOOL ACCIDENT / INCIDENT REPORT

STUDENT: _____ DATE: _____ TIME: _____

TEACHER: _____

ACCIDENT LOCATION: Classroom Hallway Cafeteria
 Bus Gym
 Sports Other _____

CAUSE OF ACCIDENT: Collision with another person Sudden turn, twist, stop
 Collision with obstacles Fall
 Hit with projectiles Fighting
 Lab/shop accident
 Other _____

CONTRIBUTING CAUSES: _____

BODY PART INJURED: (mark L for left and R for right)

<input type="checkbox"/> Thumb	<input type="checkbox"/> Finger	<input type="checkbox"/> Hand	<input type="checkbox"/> Wrist	<input type="checkbox"/> Lower arm	<input type="checkbox"/> Upper arm
<input type="checkbox"/> Neck	<input type="checkbox"/> Head	<input type="checkbox"/> Face	<input type="checkbox"/> Elbow	<input type="checkbox"/> Lower leg	<input type="checkbox"/> Upper leg
<input type="checkbox"/> Eye	<input type="checkbox"/> Knee	<input type="checkbox"/> Hip	<input type="checkbox"/> Ankle	<input type="checkbox"/> Abdomen	<input type="checkbox"/> Shoulder
<input type="checkbox"/> Foot	<input type="checkbox"/> Toes	<input type="checkbox"/> Back	<input type="checkbox"/> Groin	<input type="checkbox"/> Chest	

TYPE OF INJURY SUSPECTED:

<input type="checkbox"/> Laceration	<input type="checkbox"/> Abrasion	<input type="checkbox"/> Sprain/strain	<input type="checkbox"/> Fracture	<input type="checkbox"/> Bruise
<input type="checkbox"/> Dislocation	<input type="checkbox"/> Burn	<input type="checkbox"/> Concussion	<input type="checkbox"/> Other _____	

FIRST AID AT SITE: _____

SENT TO NURSE: Yes No

COMMENTS (including disposition if student not sent to nurse): _____

NURSE ASSESSMENT: (if indicated)

Level of consciousness _____	Pupils _____
Range of motion _____	Circulation _____
Swelling _____	Bleeding _____
Weight bearing _____	RR/breath sounds _____
Pulse _____	
Bruising _____	
BP _____	

FIRST AID: Ice Dressing/wound care Splinted Observation

COMMENTS: _____

DISPOSITION: RTC RTC with follow-up Parent notified
 Parent/Relative transported home
 Parents/Relative transported to ER/Physician
 Transported by ambulance

NURSE: _____ DATE: _____

FOLLOW-UP: _____

NURSE: _____ DATE: _____