



STUDENT ACCIDENT FORM

School: _____

This report should be completed for injuries which require immediate or future intervention. A copy is to be sent to the Business Office. A copy is retained in the School.

Date of Injury: _____

Time of Injury: _____

Name of Injured: _____ Birth Date: _____ Grade: _____

Address: _____ Phone: _____ Sex: _____

Activity Involved: _____ **Describe Accident** (Specific location, condition of premises, equipment involved, what happened).

First Aid Taken: _____ By: _____

Parent Notified: Y ___ N ___ By: _____ Medical Attention Needed: Y ___ N ___

Explain: _____ Where taken after accident: (specify home, hospital).

How Transported: _____

Witness familiar with circumstances:

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

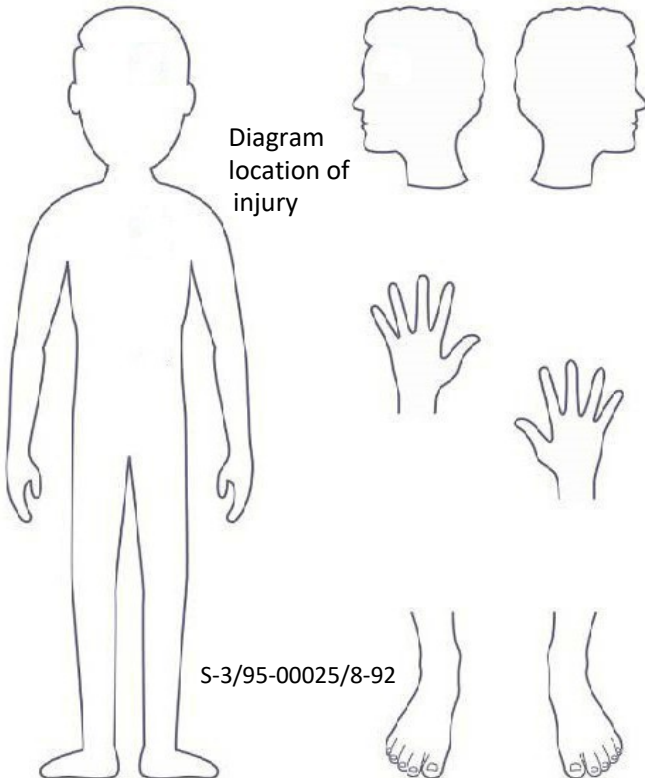
REPORT OF CONDITION AT TIME OF ACCIDENT:

Check appropriate observation: Normal ___ Alert ___ Overactive ___ Listless ___ Unable to Arouse ___

Skin condition: Within Normal Limits ___ Pale ___ Dry ___ Moist ___ Cool ___ Warm ___

DESCRIBE APPEARANCE OF INJURY: _____

Pertinent health history, characteristics, or limitations: _____



Follow up information: _____

Report Completed by _____ Date _____

Care-giver's signature _____

Title _____ Date _____

Principal's Signature _____ Date _____

Parent Informed of District Accident Ins. Y ___ N ___

By _____ Declined _____

Parent Informed of Concuss. Accident Ins. Y ___ N ___

By _____ Declined _____