ST. MARY'S COUNTY PUBLIC SCHOOLS

Department of Student Services

REPORT OF STUDENT ACCIDENT

Student Information

Student's Name:				Date of Incident:
Date of Birth:	Grade:	☐ Male	☐ Female	Time of Incident:

Parent(s)/Legal Guardian(s) Information

Parent(s)/Legal Guardian(s) Name:			Work Phone:
Address:			Home Phone:
City:	State:	Zip:	Cell Phone:

Location of Incident

☐ Athletic Field	☐ Cafeteria	☐ Gymnasium	☐ Parking Lot	☐ Restroom	
☐ Vocation shop/lab	☐ Bus	☐ Classroom	☐ Hallway	☐ Playground	☐ Stairway
☐ Other, explain:					

Time of Incident

☐ Recess	☐ Lunch	☐ P.E. Class	☐ In Class (not P.E.)	☐ Class Change	☐ Field Trip
☐ Before School	☐ After School	☐ Unknown			
☐ Other, explain:					

Type of Injury

☐ Abrasion	☐ Bite	☐ Bruise	☐ Bump/Swelling	☐ Burn/Scald	☐ Laceration/Cut
☐ Pain/Tenderness	☐ Puncture				
☐ Other:					

Part of Body Injured (Indicate Right or Left)

☐ Head	☐ Eye(s) ☐ R ☐ L	☐ Ear(s) ☐ R ☐ L	☐ Nose	☐ Mouth/Lips	☐ Tooth/Teeth	☐ Jaw/Chin
☐ Neck	☐ Shoulder ☐ R ☐ L	☐ Collarbone ☐ R ☐ L	☐ Upper Arm ☐ R ☐ L	☐ Elbow ☐ R ☐ L	☐ Lower Arm ☐ R ☐ L	☐ Wrist ☐ R ☐ L
☐ Hand ☐ R ☐ L	☐ Finger(s) ☐ R ☐ L	☐ Chest/Rib(s)	☐ Abdomen	☐ Back	☐ Groin	☐ Genitals
☐ Hip ☐ R ☐ L	☐ Pelvis	☐ Upper Leg ☐ R ☐ L	☐ Lower Leg ☐ R ☐ L	☐ Knee ☐ R ☐ L	☐ Foot ☐ R ☐ L	☐ Ankle ☐ R ☐ L
☐ Toe(s) ☐ R ☐ L						

☐ Other:
Description of the incident:

Was there bleeding as a result of this incident?	☐ Yes	☐ No
Were universal precautions followed?	☐ Yes	☐ No
First Aid applied?	☐ Yes	☐ No
If yes, by whom:		

Staff Witness(es) to the Incident

Care Provided

***If school nurse provided nursing care, refer to nurse's note(s) in the student's health record for more information.**

Brief description of care provided:

Was PS 126 - Report to Parent(s)/Legal Guardian(s) of Head Injury completed?	☐ N/A ☐ Yes	☐ No

Reported to parent(s)/legal guardian(s)? ☐ Yes ☐ No		If yes, by whom:
Date:	Time:	Phone #:

Student Disposition

☐ Returned to Class	☐ Sent 911	☐ Sent with parent(s)/legal guardian(s) and recommended medical follow-up immediately	☐ Sent Home with parent(s)/legal guardian(s) and recommended medical follow-up if needed

Name of Staff Member Completing Report

Building Administrator's Signature

Date

Date

COMPLETE AND SUBMIT WITHIN TWO SCHOOL DAYS.

Copy: File at School, Principal, Insurance Coordinator, Safety and Security