Miller Place Union Free School District
Accident – Injury Report

1. **Name**__________ **Parent's Name**__________
2. **Address**__________ **Town** __________
3. **Phone**______ **Age**___ **Grade**___ **Male**___ **Female**___ **Date of Birth** ______
4. **Time accident/injury occurred:** Hour_____ AM___ PM___ **Date of Accident**______
5. **Building:** Andrew Muller Primary____ Laddie Decker Sound Beach____ N.C.R.M.S.____ H.S.____
6. **Place of accident/injury** (check one): School Building ___ School Grounds___ Enroute to school ___ Enroute from School___ Elsewhere______
7. **Teacher in charge at time of accident:**______ **Present at accident?** Yes___ No___

8. **NATURE OF INJURY:**
abrasion___ cut___
amputation___ dislocation___
bite___ fracture___
bruise___ laceration___
burn___ poisoning___
concussion___ puncture___
contusion___ scald___
sprain___
other (specify)______

PART(S) OF BODY INVOLVED:
abdomen___ *eye___ *leg___
*ankle___ face___ mouth___
*arm___ *foot___ nose___
back___ *hand___ scalp___
chest___ head___ *shoulder___
*collarbone___ *knee___ *wrist___
*ear___ ***right or left**
finger (specify)___ tooth (specify)___
other (specify)___

9. **SPECIFIC LOCATION/ACTIVITY:**
athletic field______
auditorium______
cafeteria______
classroom______
corridor______
gymnasium______
home economics room______

SPECIFIC LOCATION/ACTIVITY:
lavatory______
locker room______
school ground______
shop______
other (specify)______

10. **Description of Accident:** How did it happen? What was student doing? Where was student? Specify any tool, machine, or equipment involved.

11. **Sent to Hospital** ___ by (name)______ by **AMBULANCE:** **YES** ___ **NO** ___
Name of Hospital:______
Sent to Physician___ by (name)______
Name/Address of Physician:______
Sent to School Nurse___ by (name)______
returned to class___ **sent home**___
Sent to Athletic Trainer___ by (name)______
First Aid Treatment___ by (name)______

DESCRIBE FIRST AID GIVEN:

12. **Was parent/guardian or other individual notified?** Yes___ No___ When___ How___
Name of individual notified______ by whom: (name)______
13. **Witnesses:** (1) name______ (2) name______
14. **Was student engaged in interscholastic athletics when injured?** ___ **Intramural?**___

Person Filing Report______ **Date of Report**______ **Principal's Signature**______