

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 grounds _____
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 _____