

**SHORELINE SCHOOL DISTRICT
REPORT OF ACCIDENT**

School: _____

Date: _____

Name _____ Age _____ Grade _____

Phone: _____

Parents _____

Time _____ AM _____ PM

Address _____

Time loss due to accident: _____ days

PLACE OF ACCIDENT

To/from school

Athletic field/playground

Gym

Hallway/stairs

Cafeteria/commons

Classroom # _____

Other _____

TYPE OF ACTIVITY

Athletic Team

Intramural/Open Gym

After school activity

Horseplay

Physical Education class

Other _____

DESCRIPTION OF ACCIDENT: How did the accident happen? What was student doing? Where was student?

FIRST AID TREATMENT: _____
Treatment by (name) _____

INJURY TO:

Abdomen/Chest

Ankle/Foot

Arm/Elbow

Back/Neck

Face (eye/nose/ear/mouth/tooth)

Hand/finger/Wrist

Head/Neck

Leg/Knee

INJURY:

<input type="checkbox"/> Abrasion	<input type="checkbox"/> Fracture
<input type="checkbox"/> Amputation	<input type="checkbox"/> Laceration
<input type="checkbox"/> Asphyxiation	<input type="checkbox"/> Poisoning
<input type="checkbox"/> Bite	<input type="checkbox"/> Puncture
<input type="checkbox"/> Bruise	<input type="checkbox"/> Scald
<input type="checkbox"/> Concussion	<input type="checkbox"/> Sprain
<input type="checkbox"/> Dislocation	<input type="checkbox"/> Other _____

TAKEN TO: School Nurse Home Physician Hospital (by whom) _____
Physician's Name _____ Hospital _____

Was a parent or other individual notified? Yes No When _____ How _____
Name of individual notified _____ By whom (name) _____

Witnesses 1. Name _____ Address _____
2. Name _____ Address _____

FOLLOW UP _____
By Whom: _____ Date _____
Signatures: _____
Coach Nurse Principal

Nurses: Please send original signed copy to the Risk Manager in the Deputy Superintendent's Office. Please keep a copy for your records.