

LEARNER ACCIDENT/EMERGENCY INCIDENT
West Fargo Public Schools

When a learner receives an injury requiring staff intervention and/or treatment, this form must be completed by the adult that witnessed the incident. If there was not an adult witness to the incident, the adult that was first informed of the injury should complete the form. If the learner is seen by the school nurse for their injury, their documentation is done separately from this form.

The types of injuries that should be documented include, but are not limited to:

- Any significant injury involving the head, neck, face, or spine.
- Significant lacerations, contusions, or burns
- Bleeding that lasts longer than 10 minutes with constant pressure
- Excessive bruising or swelling
- Falls from high surfaces.
- Visible deformities or fractures
- Ingestion of substances or poison
- Any significant injury requiring school nursing intervention and/or treatment.
- Any injury requiring EMS services.

Learner's Name _____ **Grade / Teacher** _____

Date of Incident _____ **Approximate Time** _____

Form Completed By: _____ (Witnessed Received Report)

Incident Occurred: Playground/Recess Gym Classroom Hallway

Other _____

Description of Incident:

Location of Injury:

- Head, Face, or Neck (send home head injury letter)
- Back Shoulder Chest Abdomen {Circle: Upper or Lower}
- Arm Hand Leg Knee Foot {Circle: Right or Left}
- Other _____

Attention Given to Injury:

- Rest Ice pack Bandage Compression Elevation Comfort Cares

Sent to: Office / Nurse (see PS nurse note) Home Hospital / Clinic

Returned to Normal Activity: YES NO

911 Called: YES NO

----- OFFICE USE -----

The parent/guardian will be contacted by school staff. If a parent/guardian cannot be reached, an emergency contact should be notified. Once signed by an administrator, the form should be filed in the medical folder inside the learner's cum file.

Parent/Guardian Notification (circle all that apply): Phone Call Text Email Seesaw Message

Administrator Signature _____