



Palmerton Area School District

Student Accident Report

Flow Chart

Please print name on top line and signature under printed name.

<p>Report Prepared By</p>	<hr/>
<p>↓</p>	<p>Date: <hr/></p>
<p>School Nurse</p>	<hr/>
<p>↓</p>	<p>Date: <hr/></p>
<p>School Official (Principal) Principal calls Mr. Kish and/or Angela Friebolin if Facility Concern or Emergency</p>	<p>Circle name/s if you spoke with Mr. Kish and/or Angela Friebolin</p>
<p>↓</p>	<p>Date: <hr/></p>
<p>Safety Rep. for Level Elementary – Mrs. Stroup Secondary – Mr. Sodl</p>	<hr/>
<p>↓</p>	<p>Date: <hr/></p>
<p>Business Office - Mr. Ryan Kish (If applicable)</p>	<hr/>
<p>↓</p>	<p>Date: <hr/></p>
<p>Pupil Services - Mrs. Rohlfing (If applicable)</p>	<hr/>
<p>↓</p>	<p>Date: <hr/></p>
<p>Superintendent – Angela Friebolin (If applicable)</p>	<hr/>
	<p>Date: <hr/></p>

Student Accident Report

Palmerton Area School District

Reported by _____

Report Date _____

Building _____

Student Name _____

Grade _____ Age _____ Gender _____

Date / Time of Injury _____

Please put a check ✓ on the appropriate line.

Accident Location _____ Classroom _____ Playground _____ Gymnasium
_____ Athletic Field _____ Cafeteria Other _____

Contributing Causes _____

Check ✓ Injured Body Part

L		R
	Thumb	
	Finger	
	Hand	
	Wrist	
	Lower Arm	
	Elbow	
	Upper Arm	
	Shoulder	

L		R
	Foot	
	Lower Leg	
	Knee	
	Upper Leg	
	Ankle	

	Ear
	Eye
	Nose
	Face
	Head
	Back
	Abdomen
	Chest

*****TO BE COMPLETED BY NURSE*****

Check Type of Injury

____ laceration ____ bruise ____ sprain/strain ____ dislocation ____ fracture
____ concussion ____ burn ____ other (specify) _____

Action

____ Parent notified ____ 911 transport by ambulance
____ Sent home with a parent ____ Parent transported to doctor
____ Sent home with a relative ____ Parent to transport

Additional Comments

Signature/Date _____

Nurse's Signature/Date _____

Business Office Signature/Date _____