Code: JLCE-E

STUDENT ACCIDENT / INJURY REPORT

Student Name:_____ DOB:_____

Date of Accident/Injury:_____ Time of Accident/Injury:_____ Person Reporting:_____

School:_____ Grade:_____ Teacher/Coach/Staff:_____

Witnessed: Y/N Names (only names of adults)_____

Location of Accident/Injury: _____Activity/Sport_____

Describe how the accident / injury occurred (**Do not indicate first aid treatment** - enter that information in PowerSchool or Healthy Rosters (athletics):

_____

_____

_____

_____

Disposition / Determination:

Student returned to class: _____
Student dismissed: _____
Advised to see a physician: _____
911 Called: _____

Removal from play: _____
Returned to play: _____
Left game / practice with Parent: _____
Transported by ambulance: _____

Parent Notified: Yes_____ No_____ Name of Parent/ Guardian: _____

Athletic Trainer /Coach Signature (For athletic injury only): _____ Date: _____

Athletic Administrator Signature (For athletic injury only):_____ Date: _____

Nurse's Signature: _____ Date: _____

Principal's Signature: _____ Date: _____

If a concussion is suspected: The Concussion Management Protocol, Return-To-Learn, and Return-To-Sport Progressions must be activated, implemented, and followed per JJIF - STUDENT CONCUSSIONS AND OTHER HEAD INJURIES. Staff following Protocols must ensure that Protocols are current per Maine DOE Concussion Management Resource Guide (linked HERE).

Original: File in Student Cumulative Record
Copy to: Superintendent

Administrative Procedure Approved: 9/15/15; Reviewed 3/19/24; Revised 2/24/26; Revised 5/19/26