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 IC 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 cume file.

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

Administrator Signature _____