STUDENT ACCIDENT REPORT

(Circle First Applicable Answer in Each Group)

1. Name: _____ **Sex: 1. Male 2. Female Grade** _____ **Age** _____

2. School Name: _____ **Date Occurred:** ____/____/____ **Date Reported:** ____/____/____

3. Time: _____ **A.M./P.M.**

01	Before School Hours	02	During School Hours
03	After School Hours	04	School not in Session

4. Place of Accident:

01	Phys. Ed. Class	07	Auditorium	13	Playground
02	Organized Athletics	08	Library	14	School Grounds
03	Gymnasium	09	Restroom	15	Cafeteria
04	Locker Room	10	Classroom/office	16	Bus
05	Science Lab	11	Halls	17	Automobile
06	Manual/I.A.	12	Stairways		
**	Other (explain) _____				

5. Source of Injury:

01	Children Fighting	08	Bee Sting/Animal Bite	15	Vandalism
02	Horseplay	09	Door/Window	16	Structural Failure
03	Sharp Object	10	Hot Surface	17	Falls/Slips
04	Falling/Flying Object	11	Electricity	18	Unintentional Act
05	Gymnastics/Equipment	12	Chemicals/Paint	19	Cond. of premises
06	Phys Ed Equipment	13	Snow/Ice/Freezing Rain	20	Punishment
07	Machinery/Equipment	14	Fire/Smoke/Flames		
**	Other (explain) _____				

6. Body Part Injured:

01	Abdomen	08	Face	15	Knee	22	Scalp
02	Ankle	09	Finger	16	Leg	23	Shoulder
03	Arm	10	Foot	17	Lung	24	Toe
04	Back	11	Groin	18	Mouth	25	Wrist
05	Chest	12	Hand	19	Multiple		
06	Ear	13	Heart	20	Neck		
07	Eye	14	Hip	21	Pelvis		
++	No Noticeable Injury						
**	Other (explain) _____						

7. Nature of Injury:

01	Abrasion	09	Contusion	17	Infected/Irritated
02	Amputated	10	Crushed	18	Lacerated
03	Asphyxiated	11	Dislocated	19	Overexerted
04	Bite	12	Fracture/Broken	20	Poisoned
05	Burn	13	Frozen	21	Punctured
06	Bumped	14	Hernia	22	Sprained/Strained
07	Burn	15	Inflamed/Swollen	23	Shock/Trauma
08	Concussion	16	Cut/Scratch	24	No Noticeable Inj.
**	Other (explain) _____				

8. Narrative Description of Accident: _____

_____

_____

9. Names of Witnesses: _____

10. Action Taken:

01	Back to Class	04	Nurse Called	07	First Aid
02	Parent Contacted	05	Physician Contacted	08	Home Visit
03	Sent Home	06	Hospital		
**	Other (explain) _____				

Signature _____ **Date** _____

Nurse Assessment: _____

_____

_____**Nurse's Signature**_____