

STUDENT ACCIDENT REPORT FORM
Central City Public Schools

THE WITNESSED PERSON(S) SHOULD FILL OUT THIS FORM

Name: _____ Curriculum: _____
 Address: _____ Phone: _____
 Date: _____ Time accident occurred: _____
 Sex: Male or Female (circle one) Age: _____
 Room or area in which accident occurred: _____

Description of Accident: Please describe how the accident happened. What was the student doing? List any specific acts by individuals or conditions that led to the accident. (include any tools, machinery or instrument involved)

Nature of Injury			Part of Body Injured		
<input type="checkbox"/> Abrasion	<input type="checkbox"/> Cut	<input type="checkbox"/> Scratch	<input type="checkbox"/> Abdomen	<input type="checkbox"/> Face	<input type="checkbox"/> Leg
<input type="checkbox"/> Amputation	<input type="checkbox"/> Dislocation	<input type="checkbox"/> Shock	<input type="checkbox"/> Ankle	<input type="checkbox"/> Finger	<input type="checkbox"/> Mouth
<input type="checkbox"/> Asphyxiation	<input type="checkbox"/> Fracture	<input type="checkbox"/> Sprain	<input type="checkbox"/> Back	<input type="checkbox"/> Foot	<input type="checkbox"/> Nose
<input type="checkbox"/> Bite	<input type="checkbox"/> Laceration	<input type="checkbox"/> Splinter	<input type="checkbox"/> Chest	<input type="checkbox"/> Forearm	<input type="checkbox"/> Shoulder
<input type="checkbox"/> Bruise	<input type="checkbox"/> Poisoning	<input type="checkbox"/> Strain	<input type="checkbox"/> Ear	<input type="checkbox"/> Hand	<input type="checkbox"/> Teeth
<input type="checkbox"/> Burn	<input type="checkbox"/> Puncture		<input type="checkbox"/> Elbow	<input type="checkbox"/> Head	<input type="checkbox"/> Wrist
<input type="checkbox"/> Concussion	<input type="checkbox"/> Repetitive Stress Injury		<input type="checkbox"/> Eye	<input type="checkbox"/> Knee	
Other specify) _____			Other (specify) _____		
_____			_____		

Did accident occur during class time? Y or N If yes, provide class name: _____

Was first aid administered? Y or N

Did you go to the Student Nurse for treatment: Y or N

Observations: _____

Remarks: What recommendations do you have for preventing other accidents of this type?

Signed: _____

School Nurse

Observer

Principal