

STUDENT ACCIDENT/INJURY REPORT

A Student Accident/Injury Report is to be initiated by staff member in charge of area where the incident occurred for:

1. Each injury resulting in one-half or more day's absence.
2. Each injury requiring a health care provider's attention.
3. Head injuries that result any of the following: loss of consciousness, nausea, vomiting, dizziness
4. **Any** accident/injury you feel warrants one

Report to be completed within 24 hours of injury.

Name of Student	<input type="text"/>	Gender	<input type="text"/>	Age	<input type="text"/>	Grade	<input type="text"/>
Body Part Injured	<input type="text"/>	If Applicable - Indicate left or right		<input type="text"/>			
Date of Incident	Time of Incident	Building Site Where Incident Occurred:		Location of Incident within Building Site			
<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>			
Name of Employee Reporting Incident	<input type="text"/>			Approximate number of students being supervised at the time of the incident	<input type="text"/>		

Description of the Incident

Student states:

Adult witness states:

Recommendation for preventing other incidents of this type?

Please print and return to the nurse in the building where the injury occurred.

Health Services will complete the remainder of the form.

Original to: Student Health Record, Copy to: Director of Business, District Office

Assessment of Injury:	<input type="text"/>
Actions Taken:	<input type="text"/>
Response:	<input type="text"/>
If student seen by health care provider, identify name and clinic:	<input type="text"/>

Signature (Nursing Staff)

Date

Signature (Principal)

Date