

CARROLL COUNTY PUBLIC SCHOOLS
ACCIDENT REPORT

Master Copy in Student's Permanent Record,
Copies: 1) Health Supervisor, 2) Parent/Guardian 3) Staff Member

NAME OF SCHOOL _____

INSTRUCTIONS: READ CAREFULLY. Fill in completely. Use this form to report all accidents to students that occur while they are under the jurisdiction of the school. School jurisdiction accidents, unless otherwise defined by administrative or court ruling, are those occurring while students are on school property, in school buildings, and on the way to and from school. The report should be made out in quadruplicate.

IMPORTANT: It is essential that the accident be described in sufficient detail to show safe and unsafe acts and conditions existing when the accident occurred, (When possible use a checkmark.)

1. Name _____ Parent/Guardian Name _____

Home Address _____ Home Phone No. _____

2. Sex: M _____ F _____ DOB _____ Grade _____ Teacher _____

3. Time of accident: Hour _____ a.m. _____ p.m. Date _____

4. Place of accident: School building _____, School grounds _____, To or from school _____, Interscholastic Athletics _____.

5. APPARENT NATURE OF INJURY

PART OF THE BODY INJURED

____ Abrasion
____ Amputation
____ Bruise
____ Burn
____ Cut

____ Fracture
____ Laceration
____ Puncture
____ Scratches
____ Sprain

____ Ankle
____ Arm
____ Back
____ Elbow
____ Eye
____ Face
____ Finger
____ Foot

____ Hand
____ Head
____ Knee
____ Leg
____ Nose
____ Scalp
____ Tooth
____ Wrist

Other (Specify) _____

Other(Specify) _____

DESCRIPTION OF ACCIDENT AND TREATMENT GIVEN

How did the accident happen? What was the student doing? Where was student?

Treatment:

Vital Signs: T _____ P _____ R _____ BP _____

Witness's
Name _____

6. IMMEDIATE ACTION TAKEN

First aid treatment _____ By (Name) _____
Sent to school nurse _____ By (Name) _____
Sent home/physician/hospital _____ By (Name) _____
Physician's Name _____
Name of Hospital _____
How was student transported? _____

7. Was the parent/guardian or other individual notified? No _____ Yes _____ When? _____ How? _____
Name of individual Notified: _____
By whom? (Enter name): _____

8. FOLLOW UP

Total number of days absent from school _____

School Nurse _____ Date _____

Principal _____ Date _____

Staff Member _____ Date _____