

# Coldwater Exempted Village Schools

## STUDENT ACCIDENT REPORT FORM

Building \_\_\_\_\_

Principal \_\_\_\_\_

Date of Report \_\_\_\_\_

### DEMOGRAPHIC INFORMATION:

Name \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parents Name(s) \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

### ACCIDENT INFORMATION:

Date of Accident \_\_\_\_\_ Time of Accident \_\_\_\_\_

Location of Accident \_\_\_\_\_

Description of Accident \_\_\_\_\_

\_\_\_\_\_

Condition of place where accident occurred (circle) EXCELLENT    GOOD    FAIR    POOR

Was any rule(s) violated (circle) NO    YES (explain) \_\_\_\_\_

Person in Charge at Time of Accident \_\_\_\_\_

### WITNESSES:

Name \_\_\_\_\_ Name \_\_\_\_\_ Name \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_ Address \_\_\_\_\_

\_\_\_\_\_

Nature and Location of Injury \_\_\_\_\_

\_\_\_\_\_

Type of Injury Suspected:    \_\_\_\_\_ laceration    \_\_\_\_\_ bruise    \_\_\_\_\_ sprain, strain    \_\_\_\_\_ dislocation

\_\_\_\_\_ fracture    \_\_\_\_\_ concussion    \_\_\_\_\_ other (specify) \_\_\_\_\_

First Aid given by \_\_\_\_\_ First aid given:    \_\_\_\_\_ Ice    \_\_\_\_\_ Splinted

\_\_\_\_\_ Washed wound    \_\_\_\_\_ Kept mobile    \_\_\_\_\_ Stopped bleeding    \_\_\_\_\_ Bandages    \_\_\_\_\_ Applied sling

\_\_\_\_\_ Observation only    \_\_\_\_\_ Other(specify) \_\_\_\_\_

Disposition (circle) HOME    EMERGENCY ROOM    DOCTOR    TRANSPORTED BY AMBULANCE

OTHER(specify) \_\_\_\_\_

Name(s) of person(s) making report \_\_\_\_\_

Additional Comments: (continue on back if needed)

(Signature(s))

Submit Report to School Nurse--

A copy will be forwarded to building head