

NORTH FORK LOCAL SCHOOLS SCHOOL ACCIDENT REPORT

Student Name/grade _____ Date _____ Time _____
 Name/Position of person reporting _____

Please check the boxes that are appropriate for the accident.

1. **ACCIDENT LOCATION:** classroom playground gym bus other

2. **CAUSE OF ACCIDENT:** collision with person collision with obstacle (i.e. wall, desk)
 hit with projectile (i.e. ball) sudden turn, twist, stop
 fall fighting

What Happened: _____

3. **CONTRIBUTING CAUSES:** _____

4. **WITNESS:** _____

5. **INJURY:** *Please check the appropriate box(es)*

<u>Left</u>	<u>Right</u>	<u>Left</u>	<u>Right</u>	<u>Left</u>	<u>Right</u>	<u>Left</u>	<u>Right</u>
<input type="checkbox"/> thumb	<input type="checkbox"/>	<input type="checkbox"/> neck	<input type="checkbox"/>	<input type="checkbox"/> back	<input type="checkbox"/>	<input type="checkbox"/> hip	<input type="checkbox"/>
<input type="checkbox"/> finger	<input type="checkbox"/>	<input type="checkbox"/> head	<input type="checkbox"/>	<input type="checkbox"/> chest	<input type="checkbox"/>	<input type="checkbox"/> foot	<input type="checkbox"/>
<input type="checkbox"/> hand	<input type="checkbox"/>	<input type="checkbox"/> face	<input type="checkbox"/>	<input type="checkbox"/> shoulder	<input type="checkbox"/>	<input type="checkbox"/> toes	<input type="checkbox"/>
<input type="checkbox"/> wrist	<input type="checkbox"/>	<input type="checkbox"/> eye	<input type="checkbox"/>	<input type="checkbox"/> abdomen	<input type="checkbox"/>	<input type="checkbox"/> ankle	<input type="checkbox"/>
<input type="checkbox"/> lower arm	<input type="checkbox"/>			<input type="checkbox"/> groin	<input type="checkbox"/>	<input type="checkbox"/> lower ankle	<input type="checkbox"/>
<input type="checkbox"/> upper arm	<input type="checkbox"/>					<input type="checkbox"/> upper ankle	<input type="checkbox"/>

6. **STUDENT COMPLAINS OF:** _____

7. **FIRST AID GIVEN:**

ice washed wound kept mobile
 stopped bleeding splinted bandages
 applied dressing applied sling observation only

PARENT CALLED @ Home _____ Time _____ Spoke with _____
 Work _____ Time _____ Left message with _____
 Cell _____ Time _____ No answer _____

WAS SQUAD CALLED? _____ **DEPARTMENT:** _____ **CREW MEMBERS:** _____

Copies: Student file
 Parent
 Nurse