

## STUDENT ACCIDENT REPORT

<b>Student Name:</b>	<b>Date of Injury:</b>
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Place Injury occurred:	X		
Gym class	<input checked="" type="checkbox"/>		
Classroom	<input type="checkbox"/>		
Hall	<input type="checkbox"/>		
Sports Practice	<input type="checkbox"/>		
Sporting event	<input type="checkbox"/>	Home or Away	If away, where?
Other	<input type="checkbox"/>	Describe:	

**Describe how injury happened:**

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**Injured area:**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Arm<br><input type="checkbox"/> Finger<br><input type="checkbox"/> Wrist<br><input type="checkbox"/> Hand<br><input type="checkbox"/> Leg<br><input type="checkbox"/> Ankle<br><input type="checkbox"/> Foot<br><input type="checkbox"/> Toe | <input type="checkbox"/> Head<br><input type="checkbox"/> Neck<br><input type="checkbox"/> Shoulder<br><input type="checkbox"/> Back<br><input type="checkbox"/> Eye<br><input type="checkbox"/> Ear | <input type="checkbox"/> Mouth<br><input type="checkbox"/> Teeth<br><input type="checkbox"/> Nose<br><input type="checkbox"/> Other<br>(Describe): _____ |
|---|--|--|

**Side of injury: Right or Left**

**Type of Injury:**

- Laceration
- Possible Fracture
- Possible Dislocation
- Other (please describe): \_\_\_\_\_

<b>First Aid Given?</b>	<input type="checkbox"/> Yes By Whom: _____ <input type="checkbox"/> No
<b>Parent Notified?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>A.D. Notified?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Ambulance Called?</b>	<input type="checkbox"/> Yes Transported to: _____ <input type="checkbox"/> Yes, but transport was not needed <input type="checkbox"/> No

Reporter's Name: \_\_\_\_\_ Date: \_\_\_\_\_