

SHERBURNE - EARLVILLE CENTRAL SCHOOL DISTRICT

13 School Street, Sherburne, NY 13460



Student Accident Report



Name \_\_\_\_\_ DOB \_\_\_\_\_ Grade \_\_\_\_\_

Date and Time of Accident: \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

Name of game, sport, activity or class \_\_\_\_\_

Place of Accident: School Building \_\_\_\_\_ Where \_\_\_\_\_
School Grounds \_\_\_\_\_ Other \_\_\_\_\_

Name of Adult in charge when accident occurred \_\_\_\_\_

Was adult present at scene of accident: NO [ ] YES [ ] Name of Witness \_\_\_\_\_

First Aid Administered by: \_\_\_\_\_ Form completed by: \_\_\_\_\_

Nature of Injury:

Abrasion \_\_\_\_\_ Dislocation \_\_\_\_\_ Puncture \_\_\_\_\_
Bite \_\_\_\_\_ Fracture \_\_\_\_\_ Scratches \_\_\_\_\_
Bruise \_\_\_\_\_ Laceration \_\_\_\_\_ Sprain/strain \_\_\_\_\_
Burn \_\_\_\_\_ Other \_\_\_\_\_

Part of Body Injured: (indicate left or right, if this applies)

Abdomen \_\_\_\_\_ Chest \_\_\_\_\_ Foot \_\_\_\_\_ Leg \_\_\_\_\_ Teeth \_\_\_\_\_
Ankle \_\_\_\_\_ Ear \_\_\_\_\_ Hand \_\_\_\_\_ Mouth \_\_\_\_\_ Wrist \_\_\_\_\_
Arm \_\_\_\_\_ Eye \_\_\_\_\_ Head \_\_\_\_\_ Nose \_\_\_\_\_ Shoulder \_\_\_\_\_
Back \_\_\_\_\_ Finger \_\_\_\_\_ Knee \_\_\_\_\_ Other: \_\_\_\_\_

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

\_\_\_\_\_
\_\_\_\_\_

Observations and Treatment: \_\_\_\_\_

\_\_\_\_\_
\_\_\_\_\_ Tetanus(?) \_\_\_\_\_

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Sent to school nurse? \_\_\_\_\_ Alone? \_\_\_\_\_ Time: \_\_\_\_\_ With whom? \_\_\_\_\_

Sent to physician? Name \_\_\_\_\_ Sent to hospital? Name \_\_\_\_\_

Was a parent or other individual notified? No [ ] Yes [ ] Notified by whom? \_\_\_\_\_

Name of individual notified/relationship/time \_\_\_\_\_

Additional comments: \_\_\_\_\_