SHORELINE SCHOOL DISTRICT **Revised 9/29/17**

STUDENT REPORT OF ACCIDENT

School: ________________________

Name ________________________ Age ______ Grade ______ Sex: ☐ M ☐ F Date: __________________

Parents ________________________ Phone ________________ Time __________ AM ___________ PM

Address ____ Student Insurance ☐ Yes ☐ No

Time loss due to accident: ________ days

PLACE OF ACCIDENT
- ☐ To/from school
- ☐ Athletic field/gym
- ☐ Grounds
- ☐ Playground Apparatus
- ☐ Halls, Breezeways, stairs
- ☐ Cafeteria/auditorium
- ☐ Classroom (specify) __________
- ☐ Other (specify) _________

TYPE OF ACTIVITY
- ☐ Baseball
- ☐ Basketball
- ☐ X-Country
- ☐ Field Hockey
- ☐ Football
- ☐ Golf
- ☐ Horseplay
- ☐ Other ______________
- ☐ Intramural
- ☐ Soccer
- ☐ Swimming
- ☐ Tennis
- ☐ Track
- ☐ Volleyball
- ☐ Wrestling

DESCRIPTION OF ACCIDENT: How did the accident happen? What was student doing? Where was student?

____

____

____

FIRST AID TREATMENT: ____

____

____Treatment by (name) __________________________________

TAKEN TO ☐ School Nurse ☐ Home ☐ Physician ☐ Hospital - By ______________________

Physician's Name ____ Hospital Name ______________________

FOLLOW UP (Date) ____

____

By Whom: ____ Date ______________________________

- ☐ Abdomen
- ☐ Ankle
- ☐ Arm
- ☐ Back
- ☐ Chest
- ☐ Ear
- ☐ Elbow
- ☐ Eye
- ☐ Face
- ☐ Finger
- ☐ Other (specify) _______________________
- ☐ Foot
- ☐ Hand
- ☐ Head
- ☐ Knee
- ☐ Leg
- ☐ Mouth
- ☐ Nose
- ☐ Scalp
- ☐ Tooth
- ☐ Wrist

- ☐ Abrasion
- ☐ Amputation
- ☐ Asphyxiation
- ☐ Bite
- ☐ Bruise
- ☐ Burn
- ☐ Concussions *
- ☐ Dislocation*
- ☐ Fracture*
- ☐ Laceration
- ☐ Poisoning
- ☐ Puncture
- ☐ Scalds
- ☐ Shock
- ☐ Sprain *
- ☐ Other (specify) _____ ____________________

FINAL DIAGNOSIS: __________________________

* possible

Was a parent or other individual notified? ☐ Yes ☐ No When _______________ How ______________

Name of individual notified ______________________________ By whom (name) ___________________________

Witnesses 1. Name ______________________________ Address ____

2. Name ______________________________ Address ____

Signatures:

Teacher/Coach _______________________ Nurse _______________________ Principal _____________________

Nurses: Please send original signed copy to the Risk Manager in the Deputy Superintendent's Office. Please keep a copy for your records.