

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