

STUDENT ACCIDENT REPORT

Confidential – For Internal Use Only

*(Complete within 24 hours of the incident. Submit to the School Office/School Nurse.)***1) INCIDENT OVERVIEW**

Date of Incident: ____ / ____ / ____

Time of Incident: ____ AM/PM

Campus/Location: _____

Specific Area (e.g., gym, playground, classroom): _____

Type: ☐ Accident ☐ Illness ☐ Behavior ☐ Other: _____**2) STUDENT INFORMATION**

Student Name: _____

Grade: _____

Date of Birth: ____ / ____ / ____

Gender: ☐ M ☐ F

Parent/Guardian Name(s): _____

Parent/Guardian Phone(s): _____

Emergency Contact (if different): _____ Phone: _____

3) INCIDENT DESCRIPTION (FACTUAL, OBJECTIVE)

Activity at Time of Incident (e.g., recess, PE, lab): _____

Supervising Staff: _____

Witnesses (students/staff/others): _____

Describe exactly what happened (avoid opinions/assumptions; include sequence of events, equipment involved, and any safety measures in place):

_____**4) INJURY DETAILS**Injury Area(s): ☐ Head/Face ☐ Neck/Back ☐ Arm ☐ Hand/Wrist ☐ Torso ☐ Hip ☐ Leg ☐ Knee ☐
Ankle/Foot ☐ Other: _____Side: ☐ Left ☐ Right ☐ BilateralNature: ☐ Abrasion ☐ Bruise ☐ Cut/Laceration ☐ Sprain/Strain ☐ Fracture (suspected) ☐Dislocation ☐ Burn ☐ Illness/Symptoms: _____

Pain Level (0–10): ____ Visible

signs/symptoms: _____

5) IMMEDIATE RESPONSE & CARE

First Aid Rendered by: _____ Time: _____

Actions Taken: ☐ Ice ☐ Cleaned/Wound Care ☐ Bandage ☐ Rest/Elevate ☐ Observation ☐CPR/AED ☐ Medication* ☐ Other: _____*Medication administered must follow school medication policy and be documented.*Was EMS called? ☐ Yes (Time: _____) ☐ NoTransport: ☐ Parent/Guardian ☐ EMS ☐ Self/Ambulatory ☐ Remained at SchoolDestination: ☐ Home ☐ Urgent Care ☐ ER/Hospital: _____Additional Notes on Care Provided:

6) PARENT/GUARDIAN NOTIFICATIONMethod: ☐ Phone ☐ In-Person ☐ Email ☐ Message System

Contacted: _____ Time: _____

Spoke With / Left Message: _____

Summary of Communication:

8) REPORTING STAFF STATEMENT

I certify that the above statements are accurate and factual to the best of my knowledge.

Reporting Staff Name (print): _____

Role/Title: _____

Signature: _____

Date: ____ / ____ / ____

Privacy Notice: This report contains confidential student information protected by FERPA. Distribute on a strict need-to-know basis only and store in accordance with school policy.

***Return completed form to: School Office /School Nurse
Retention: File in student record and incident log per policy.***
