

PORTA SCHOOL ACCIDENT REPORT

Student Name: _____ Grade: _____

Date: _____ Time: _____ School: _____

1. ACCIDENT LOCATION: ___ classroom ___ playground ___ gym ___ bus
___ other _____

2. CAUSE OF ACCIDENT: ___ collision with person
___ collision with obstacle [i.e. wall, desk]
___ hit with projectile [i.e. ball]
___ sudden twist, turn, stop
___ fall
___ fighting
___ other, specify _____

3. CONTRIBUTING CAUSES: _____

4. WITNESS: _____

5. BODY PART INJURED:

left	right	left	right	left	right
___ thumb	___	___ neck	___	___ trunk	___
___ finger	___	___ head	___	___ back	___
___ hand	___	___ face	___	___ hip	___
___ wrist	___	___ elbow	___	___ shoulder	___
___ lower arm	___	___ ankle	___	___ abdomen	___
___ upper arm	___	___ knee	___	___ foot	___
___ lower leg	___	___ eye	___	___ toes	___
___ upper leg	___	___ nose	___	___ groin	___

6. TYPE OF INJURY SUSPECTED: ___ laceration/abrasion ___ bruise
___ sprain/strain ___ dislocation
___ fracture ___ concussion
___ other, specify _____

7. FIRST AID GIVEN:

___ ice ___ washed wound ___ kept mobile
___ stopped bleeding ___ splinted ___ bandages
___ applied dressing ___ applied sling ___ observation only
___ other, specify _____

8. FURTHER CARE: ___ parent notified ___ parent took to doctor
___ parent took home ___ parent took to E.R.
___ relative took home ___ transported per ambulance

9. NAME OF PERSON REPORTING: _____

10. PRINCIPAL: _____ 11. TEACHER: _____

12. BLOOD EXPOSURE TO EMPLOYEE/STUDENT: ___ yes ___ no

13. EXPOSURE REPORT FILED: ___ yes ___ no

14. LOSS OF HALF DAY OR MORE SCHOOL: ___ yes ___ no