5340 F1

ACCIDENT REPORT

This report is to be completed by the person responsible for the student at the time of any and all accidents during any school activity.

DATE:		**This incident was:** (*please check the applicable box*):
TIME:		☐ Witnessed by a staff member
		☐ Reported to staff member by a student

Student's Name:________________________________ Building:________________________ Grade:_____

PLACE OF INJURY			
☐ Classroom	☐ Gymnasium	☐ Hallway	☐ Media Ctr.
☐ Cafeteria	☐ Stairways	☐ Pool	☐ Outside

KIND OF ACCIDENT	☐ Fall	☐ Cut	☐ Insect Sting	☐ Bruise	**Struck by:**
Other:					

PART OF BODY INJURED	☐ Left	☐ Right

HEAD				**TRUNK**			
☐ Eyes	☐ Ears	☐ Scalp	☐ Skull	☐ Back	☐ Chest	☐ Abdomen	☐ Side
☐ Mouth	☐ Teeth	☐ Nose	☐ Neck				
☐ Face	☐ Forehead						
ARM				**LEGS**			
☐ Shoulder	☐ Wrist	☐ Arm	☐ Elbow	☐ Hip	☐ Leg	☐ Ankle	☐ Knee
☐ Hand	☐ Fingers			☐ Foot	☐ Toes	☐ Shin	
Treatment *(Check all that apply)*				**Disposition** *(Check all that apply)*			
☐ Provided Ice	☐ Cleansed Wound	☐ Provided Bandage	☐ Provided rest time	☐ Phoned Parent/Guardian	☐ Student Picked Up	☐ Student sent back to class	☐ Note to parent

Witnesses (if any):____

Name of Parent/Guardian contacted: ____

Student Address:____ Phone:________________________

Parent/Guardian:____

Please add any other important details or comments on back of this form.
Send this form to CORRIE WENDT-AD BUILDING, as soon as possible.

____ ____________________

Signature of person completing report Date