PAWNEE CUSD #11

**STUDENT ACCIDENT REPORT**

THE SCHOOL EMPLOYEE SUPERVISING THE NAMED STUDENT SHOULD COMPLETE THIS FORM AND SUBMIT TO THE SCHOOL NURSE OR BUIDLING PRINCIPAL WITHIN 24 HOUST OF THE ACCIDENT

STUDENT’S NAME: \_\_ DATE OF BIRTH:\_\_\_\_\_\_\_\_\_\_\_GRADE:\_\_\_\_\_\_

DATE OF ACCIDENT: TIME OF ACCIDENT: LOCATION OF ACCIDENT:

SCHOOL SUPERVISOR PRESENT AT TIME OF ACCIDENT:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

WITNESS PRESENT AT TIME OF ACCIDENT:

DESCRIPTION OF ACCIDENT (INCLUDE ACTIVITY, EQUIPMENT INVOLVED, CONTRIBUTING FACTORS):

POSSIBLE TYPE OF INJURY SUSTAINED (SPRAIN, LACERATION, BRUISE, FRACTURE, CONCUSSION, ETC.):

DESCRIBE FIRST AID GIVEN:

TIME FIRST AIDE GIVEN: BY WHOM:

TIME PARENT NOTIFIED: BY WHOM:

STUDENT SENT: *HOME PHYSICIAN HOSTPITAL CLASSROOM/NORMAL ACTIVITY*

STUDENT TRANSPORTED BY: *AUTO AMBULANCE N/A*

ADDITIONAL COMMENTS:

**REPORT COMPLETED BY: DATE:**

SCHOOL NURSE’S SIGNATURE: DATE:

PRINICPAL/SUPERVISOR SIGNATURE: DATE:

FOLLOW-UP INFORMATION: