

PAWNEE CUSD #11
STUDENT ACCIDENT REPORT

THE SCHOOL EMPLOYEE SUPERVISING THE NAMED STUDENT SHOULD COMPLETE THIS FORM AND SUBMIT TO THE SCHOOL NURSE OR BUILDING PRINCIPAL WITHIN 24 HOURS 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 AID GIVEN: _____ BY WHOM: _____

TIME PARENT NOTIFIED: _____ BY WHOM: _____

STUDENT SENT: HOME _____ PHYSICIAN _____ HOSPITAL _____ CLASSROOM/NORMAL ACTIVITY _____

STUDENT TRANSPORTED BY: AUTO _____ AMBULANCE _____ N/A _____

ADDITIONAL COMMENTS: _____

REPORT COMPLETED BY: _____ **DATE:** _____

SCHOOL NURSE'S SIGNATURE: _____ DATE: _____

PRINCIPAL/SUPERVISOR SIGNATURE: _____ DATE: _____

FOLLOW-UP INFORMATION: _____
