

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, AND 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: _____

