CHRISTIANA HIGH SCHOOL

STUDENT ACCIDENT REPORT FORM

This form, or a similar one preferred by the district, is to be completed on each injury which occurs in the school building, on the school grounds, while the student is on his/her way to or from school activities that result in one-half or more day's absence from school or requires a doctor's attention or both. Submit all completed reports to the designated office in school district. It is recommended that a duplicate copy of this report be prepared for the school's file.

1. NAME_____ AGE_____ SEX: M_____ F_____

2. DISTRICT: Christina__ SCHOOL: Christiana HS__ GRADE OR CLASSIFICATION_____

3. TIME Accident Occurred: Hour_____a.m. or p.m. Date_____ DATE Accident Reported_____

4. NATURE OF ACCIDENT. Check all appropriate areas. (To be completed by nurse or other designated personnel.)

Nature of Injury		Part of Body Injured (Indicate L or R for left or right when applicable)			
___ Abrasion	__ Dental	__ Ankle	____ Face	____ Knee	____ Shoulder
___ Bite	__ Dislocation	__ Arm	____ Finger	____ Leg	____ Stomach
___ Bruise	__ Foreign body in eye	__ Back	____ Foot	____ Lip	____ Tooth
___ Burn	__ Laceration	__ Chest	____ Hand	____ Mouth	____ Wrist
___ Chemical Burn	__ Puncture	__ Collar Bone	____ Head	____ Neck	____ Other
___ Concussion	__ Sprain/Strain	__ Elbow	____ Hip	____ Nose	
___ Cut	__ Other (specify) _____	__ Eye		____ Scalp	

5. Subjective Data_____

_____

_____

_____

Objective Data_____

_____

_____

_____

_____ Date of last tetanus shot_____

Assessment_____

Intervention_____

_____

_____

CONTINUE TO NEXT PAGE

STUDENT ACCIDENT REPORT FORM - continued

6. How did accident happen? What was student doing? Where was student? List specifically any unsafe act(s) and/or unsafe condition(s). Specify any tool, machine or equipment involved.

_____

_____

_____

7. What action(s) was taken and by whom?

First aid treatment	_____	By whom?	(Enter name)_____
Sent to school nurse	_____	By whom?	(Enter name)_____
Sent home	_____	By whom?	(Enter name)_____
Sent to physician	_____	By whom?	(Enter name)_____
Sent to hospital	_____	By whom?	(Enter name)_____

8. Was parent/guardian or anyone notified? Yes_ No_____

When: Date_____ Time_____ How_____

9. Please complete below:

Location		Activities		Area	
Athletic Field	____	Apparatus	___	Building	____
Auditorium	____	Ball Playing	___	Grounds	____
Cafeteria	____	Baseball	___	Interscholastic	____
Classroom	____	Basketball	___	Intramural	____
Corridor	____	Field Hockey	___	Physical Education	____
Dressing Room	____	Football	___	Shops	____
Gymnasium	____	Free Play	___	Labs	____
Home Economics	____	Gymnastics	___		
Laboratories	____	Running	___		
				To and From School	
Lockers	____	Soccer	___	Bicycle	____
School Grounds	____	Softball	___	Motor Veh Passenger	____
School Shops	____	Swimming	___	Motor Veh Bicycle	____
Science	____	Track and Field	___	Motor Veh Pedes.	____
Showers/Dressing Room	____	Volleyball	___	School Bus	____
Stairs Inside	____	Wrestling	___	Streets and Walks	____
Stairs and Walks Outside	____	Other	___	Other	____
Toilet Rooms	____				
Voc and Indus. Arts	____				

10. Total number of school days lost _____ (To be recorded when student returns to school)

11. Student is covered by Student Accident Insurance Yes_____ No_____

12. Person in charge when accident occurred (Signature)_____

_____ _____

Nurse Principal