

SHERBURNE-EARLVILLE CENTRAL SCHOOL DISTRICT

15 School Street, Sherburne, NY 13460



Student Accident Report



Name \_\_\_\_\_ DOB \_\_\_\_\_ Grade \_\_\_\_\_

Date and Time of Accident: \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Name of game, sport, activity or class \_\_\_\_\_

Place of Accident: School Building \_\_\_\_\_ Where \_\_\_\_\_

School Grounds \_\_\_\_\_ Other \_\_\_\_\_

Name of adult in charge when accident occurred \_\_\_\_\_

Was adult present at scene of accident: NO  YES  Name of witness \_\_\_\_\_

First Aid administered by: \_\_\_\_\_ Form completed by: \_\_\_\_\_

Nature of injury

Abrasion \_\_\_\_\_
Bite \_\_\_\_\_
Bruise \_\_\_\_\_
Burn \_\_\_\_\_

Dislocation \_\_\_\_\_
Fracture \_\_\_\_\_
Laceration \_\_\_\_\_
Other \_\_\_\_\_

Puncture \_\_\_\_\_
Scratches \_\_\_\_\_
Sprain/strain \_\_\_\_\_

Part of body injured (indicate left or right, if applicable):

Abdomen Chest Foot Leg Teeth
Ankle Ear Hand Mouth Wrist
Arm Eye Head Nose Shoulder
Back Finger Knee Other:

Description of accident: \_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

Observations and treatment: \_\_\_\_\_
\_\_\_\_\_

Tetanus (?) \_\_\_\_\_

Sent to school nurse? \_\_\_\_\_ Alone? \_\_\_\_\_ Time: \_\_\_\_\_ With whom? \_\_\_\_\_

Sent to physician? Name \_\_\_\_\_ Sent to hospital? Name \_\_\_\_\_

Was a parent or other individual notified? No  Yes  Notified by whom? \_\_\_\_\_

Name of individual notified/relationship/time \_\_\_\_\_

Additional comments: