

SHERBURNE - EARLVILLE CENTRAL SCHOOL DISTRICT  
13 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 _____	Dislocation _____	Puncture _____
Bite _____	Fracture _____	Scratches _____
Bruise _____	Laceration _____	Sprain/strain _____
Burn _____	Other _____	

### *Part of Body Injured: (indicate left or right, if this applies)*

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: \_\_\_\_\_

Copy sent to:  Insurance Clerk  Athletic Director  Supt. of B & G  Building Principal  Safety Committee  Health Office Revised 1/13