Clear Form

_____ Principal Review

Pleasant Grove School
Student Accident Report

1. Name:_____ Birthdate: _____ Sex: F☐ M☐
2. Home Address: _____City:_____ Zip:_____ Phone:_____
3. School:_____ Grade: _____
4. Accident Occurred (date):_____ Time: _____ ☐am ☐pm
5. Place of Accident: ☐ School Building ☐School Grounds ☐To or From School ☐On School Bus
☐ Fieldtrip ☐ Daycare _____ Other _____

6. **Nature of Injury**

☐ Abrasion ☐ Poisoning
☐ Bite ☐ Puncture
☐ Bruise ☐ Scald
☐ Burn ☐ Scratch
☐ Cut ☐ Swelling
☐ Pain ☐ Tooth Injury
☐ Other (specify)_____

6a. Size, shape, or severity of injury:_____

☐ 1 Inch or less ☐ 1-2 Inches
☐ Over 2 inches Describe:_____
_____

7. **Parts of Body Injured**

Please specify (R) or (L) if appropriate.

☐ Abdomen ☐ Eye ☐ Lip
☐ Ankle ☐ Finger ☐ Mouth
☐ Arm ☐ Foot ☐ Neck
☐ Back ☐ Forehead ☐ Nose
☐ Cheek ☐ Hand ☐ Scalp
☐ Chest ☐ Head ☐ Shoulder
☐ Chin ☐ Hip ☐ Toe
☐ Collar Bone ☐ Knee ☐ Tooth
☐ Ear ☐ Leg ☐ Wrist
☐ Elbow

☐ Other (specify)_____

8. **Description of Accident.**

What was the student doing when the accident occurred? Specify any tools, machines or equipment involved. State what you actually observed or use the student's own words to describe event. _____
_____
_____
_____
_____

9. Teachers/Staff present when accident occurred: _____
Others present:_____

10. First Aid Administered? (check one) ☐ No ☐ Yes By Whom?_____
☐ Washed with soap & water ☐ Ice applied ☐ Bandage applied
Other_____ Observed by:_____
Sent to physician/hospital? ☐ No ☐ Yes ☐ ☐
Sent home ☐ No ☐ Yes Picked up by _____Time:_____
Returned to class ☐ No ☐ Yes

11. How was the parent notified? ☐ Note ☐ Phone By whom?_____
Name of individual notified & relationship:_____ Date: _____Time:_____

12. Recommendations to parent: _____
_____
_____
_____

_____
Person reporting accident Date