

YOUGH SCHOOL DISTRICT
OFFICE OF THE SCHOOL NURSE
ACCIDENT, INCIDENT OR INJURY REPORT

Students's Name _____

Date of Accident _____ Time _____

Home Address _____

School _____ Grade _____ Age _____

Parent's Name _____

Period: _____ After School _____ Assembly
_____ Before School _____ Class Change
_____ Class Time _____ Lunch Period
_____ P.E. Class _____ Recess
_____ Other

Home Phone _____

Description of Incident: Circumstances? Part Injured? Type of Injury? Extent of Injury? Body Fluid Exchange?

Location:

_____ Athletic Field/Play Field	_____ Corridor/Hall	_____ Lunch Room	_____ Street/Driveway/Parking
_____ Auditorium/Multipurpose	_____ Gymnasium	_____ School Bus	_____ Restroom
_____ Bus Loading Area	_____ Playground	_____ Sidewalk	_____ Other
_____ Classroom	_____ Stairs/Ramp	_____ Lab/Shop/Home Ec.	

Teacher in charge when accident occurred _____

Present: _____ Yes _____ No

Was a parent notified? _____ Yes _____ No Name of parent notified _____

Time _____ How notified _____ By whom notified _____

Treatment _____

By whom? _____

Advised to see a physician? _____ Yes _____ No

Sent to _____ (Physician or Hospital)

Parent notified of possible blood/body fluid exchange? _____

Witnesses: Name _____ Name _____

If another student involved: Name _____ Grade _____ Age _____

Home Address _____

Parent's Name _____ Home Phone _____

Signatures: Principal _____ Teacher/Nurse _____