

MIDVIEW LOCAL SCHOOL DISTRICT INJURY/ACCIDENT REPORT

Name: _____ Address _____

Name of Parent/Guardian (if applicable): _____

Address: _____ Phone: _____

Student's School: _____

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|--|
| <u>INJURED</u> |
| <input type="checkbox"/> Employee |
| <input type="checkbox"/> Student |
| <input type="checkbox"/> Other |

PLACE OF ACCIDENT

- School Building
- School Grounds
- Other _____
- Severe Weather
(if applicable)
 - wet dry icy
 - hot cold
- P.E. Class
- Industrial/Shop
- Home Ec/Art Class
- School Bus

OTHER INFORMATION

- Sent Home/Parent Notified
- First Aid Given
- Sent to M.D./E.R.
- Transported by Ambulance
- Police on Scene
- Fire Dept. on Scene
- Referred to Other Agency
- Treatment Refused
- Retained in Clinic

TYPE OF INCIDENT

- Fall
- Fight
- Playground
- Sport or Extracurricular

Nature of Emergency

- | | | |
|--|---|---|
| <ul style="list-style-type: none"> <input type="checkbox"/> Laceration/cut <input type="checkbox"/> Suspected fracture <input type="checkbox"/> Blunt trauma (abdomen or head) <input type="checkbox"/> Penetrating wound (gunshot, knifing) <input type="checkbox"/> Burn <input type="checkbox"/> Drowning <input type="checkbox"/> Bleeding (area) _____ <input type="checkbox"/> *Body Fluid Exposure (see comments) | <ul style="list-style-type: none"> <input type="checkbox"/> Breathing problems <input type="checkbox"/> Chest pain <input type="checkbox"/> Abdominal pain <input type="checkbox"/> Diabetic reaction <input type="checkbox"/> Possible seizure <input type="checkbox"/> Insect sting <input type="checkbox"/> Possible allergic reaction <input type="checkbox"/> Shock (electrical) | <ul style="list-style-type: none"> <input type="checkbox"/> Exposure to heat or cold <input type="checkbox"/> Possible overdose <input type="checkbox"/> Possible drug reaction <input type="checkbox"/> Suspected poisoning <input type="checkbox"/> Suicide attempt <input type="checkbox"/> Behavioral problem <input type="checkbox"/> Other _____ |
|--|---|---|

Date of Incident: _____ Time of Incident: _____

*Comments: _____

(continue on back)

Person(s) at the scene at time of accident:

Signature:

Incident Report Completed By: _____

Follow-up needed? Yes No By Whom? _____

Report sent to: Nurse (White) Principal (Yellow) Treasurer's Office (Pink) Superintendent's Office (Goldenrod)