

Student Accident/Injury Report Form

UNDERWOOD PUBLIC SCHOOL

100 Southern Ave E Underwood MN 56586

Phone 218.826.6101 Fax 218.826.6310

General Information

Student: _____ Grade _____

Address: _____

Parent/Guardian Name & Phone: _____

Accident Information

Date of accident: _____ Time accident occurred: _____ am/pm

Person in charge at time of accident/injury: _____

Where accident/injury happened:

Athletic Field Classroom Gym Playground
 Lunch area Hallway Restroom School Bus
 Locker Room Other _____

Area of body injured:

<u>Head:</u>	<u>Trunk:</u>	<u>Upper Extremities:</u>	<u>Lower Extremities:</u>
<input type="checkbox"/> Skull	<input type="checkbox"/> Chest	<input type="checkbox"/> Shoulder (L/R)	<input type="checkbox"/> Hip (L/R)
<input type="checkbox"/> Forehead	<input type="checkbox"/> Abdomen	<input type="checkbox"/> Elbow (L/R)	<input type="checkbox"/> Knee (L/R)
<input type="checkbox"/> Eye (L/R)	<input type="checkbox"/> Back	<input type="checkbox"/> Forearm (L/R)	<input type="checkbox"/> Ankle (L/R)
<input type="checkbox"/> Ear (L/R)		<input type="checkbox"/> Upper Arm (L/R)	<input type="checkbox"/> Upper Leg (L/R)
<input type="checkbox"/> Mouth		<input type="checkbox"/> Hand (L/R)	<input type="checkbox"/> Lower Leg (L/R)
<input type="checkbox"/> Cheek			
<input type="checkbox"/> Tooth			
<input type="checkbox"/> Neck			
<input type="checkbox"/> Nose			

Type of accident/injury:

Insect bite/Sting Fall or Slip
 Fighting Struck by Object (ball, etc)
 Collision with another student Other _____

(TURN OVER)

ACCIDENT DESCRIPTION (describe accident in your own words if witnessed and/or student's description _____

POST-ACCIDENT INFORMATION

Was school nurse notified? yes no By whom _____

Was first aid given: yes no

If so, By whom? _____

If not, explain? _____

Did student go home due to the injury? yes no

Was medical evaluation advised? yes no

Was follow-up completed yes no If so, by whom? _____

SIGNATURES

Person completing form/person in charge: _____

Person giving First Aid (if needed) _____

Parent/Guardian Notified Yes No

Notified by: _____

Method: phone email other? _____