School Accident Report

CCIDENT	Name of sur LOCATION:							Grade:	,	
	LOCATION:	pervisor	*							
			Classroo							
AUSE OF	ACCIDENT:		Classroom		Play	Playground Gyr			m Bus	
AUSE OF	ACCIDENT:		Other _							
			Collision with person Collision with obstacle (i.e, wall, desk)						desk)	
				projecti	le (i.e. ball)	i.e. ball) Sudden turn, twist, stop Sighting				
			Other, specify							
ONTRIBU	JTING CAUSES	S:	Ballacian de Tala							
ITNESS:										
DDY PAF	RT INJURED:									
Left		Right	t	Left		Right	Left	1	Right	
	Thumb				Neck			Trunk	16.11	
	Finger		_		Head			Back		
	 				Face			Hip		
	Wrist				Elbow			Shoulder		
	 				Ankle			Abdomen		
***			_		Knee			Foot		
	 				Eye			Toes		
	Upper Leg				Ear			Groin		
TYPE OF INJURY SUSPECTED:			Laceration		Bruis	Bruise Sprain, Strain				
			Fracture	2	Cond	cussion				
		-	Other, s	pecify						
FIRST AID GIVEN: Ice Stopp		lce			Was	Washed Wound			Kept Mobile	
		Stoppe	copped Bleeding			Applied Dressing			Splinted	
Band			indages		Appl	Applied Sling			Observation Only	
		Other,	specify							
FURTHER CARE: Paren		Parent	nt took home		Pare	Parent took to doctor			Relative took home	
			arent took to ER			Transport from school by ambulance				
			ther, specify			Market Market Control of the Control				
		Name o	of person	reportin	ıg:					
DOITION	IAL REMARKS	:								
	Left PE OF I	Thumb Finger Hand Wrist Lower Arm Upper Arm Lower Leg Upper Leg PE OF INJURY SUSPECT RST AID GIVEN: URTHER CARE:	Left Thumb Finger Hand Wrist Lower Arm Upper Arm Lower Leg Upper Leg PE OF INJURY SUSPECTED: RST AID GIVEN: Ice Stoppe Bandag Other, PATHER CARE: Parent Parent Other, Name of	Left Thumb Thumb Finger Hand Wrist Lower Arm Upper Arm Lower Leg Upper Leg PE OF INJURY SUSPECTED: Laceration Fractures Other, see Stopped Bleeding Bandages Other, specify PATHER CARE: Parent took home Parent took to Each of person Specify Name of person Specify	Left Right Thumb Finger Hand Wrist Lower Arm Upper Arm Lower Leg Upper Leg PE OF INJURY SUSPECTED: Laceration Fracture Other, specify RST AID GIVEN: Ice Stopped Bleeding Bandages Other, specify RTHER CARE: Parent took home Parent took to ER Other, specify Name of person reporting DDITIONAL REMARKS:	Left Right Neck Neck Head Head Face Elbow Ankle Eye Ear Ear PE OF INJURY SUSPECTED: Laceration Bruis Fracture Concounty Concounty	Left	Left Right Thumb	Left Right Thumb Neck Finger Head Hand Wrist Elbow Lower Arm Upper Arm Lower Leg Upper Leg Eye Toes Fracture Concussion Other, specify Bandages Other, specify Other, specify PRTHER CARE: Parent took to ER Trunk Back Hip Shoulder Abdomen Face Foot Concussion Other, Specify RST AID GIVEN: Bries Parent took to ER Other, specify Name of person reporting: DIJITIONAL REMARKS:	