



Cook County Schools Health Office  
 Alexandria Ermatinger, Registered Nurse  
 Phone 218.387.2271 ext. 116



**SCHOOL ACCIDENT REPORT FORM A-R 1**

**General Information:**

Affected Student or Staff Name:	Grade or Position:
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**Accident Information:**

Date of Accident	Time of Day Accident Occured:
Location Event Occured:	Describe Accident Event:
Type of Injury:(slip, hit, fall, cut, etc.)	Injury description including body part(s) affected:
First Aid Provided:          Clinic Notified: _____ Taken to Clinic _____ Taken to Hosptial _____	Communication with: ____parent ____principal ____nurse _____ teacher Other:          Action Taken for Prevention/Resolution:

Person Completing this form: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Health Office Staff: \_\_\_\_\_ Date: \_\_\_\_\_