



STUDENT ACCIDENT / INJURY REPORT FORM

Pine Island Public Schools 233 1st Ave. SE Pine Island MN 55963

The purpose of this form is to reduce accidents among children and thereby avoiding litigation against staff members of the school district. It is necessary when accidents occur that a staff member completes this form carefully and submits the original to the health office. You must retain a photocopy of this report in your school's health office.

Name _____		Students Age _____	Students Grade _____
Last name of Injured Student First name			
Contact _____		_____	_____
Parent/Guardian's Name		Home Address	Phone Number
School Building _____	School Phone# _____		
Date of Accident/Injury _____	Time of Injury _____	Where? _____	
		(example: playground, classroom, cafeteria – be specific)	
Accident Occurred During:			
<input type="checkbox"/> Classtime (if yes, which class?) _____ <input type="checkbox"/> Passing Time <input type="checkbox"/> Lunch <input type="checkbox"/> Recess <input type="checkbox"/> Before School <input type="checkbox"/> After School <input type="checkbox"/> Extra Curricular/Sporting Event <input type="checkbox"/> Field Trip <input type="checkbox"/> Other _____			
Type of Injury _____	Body Part(s) Injured _____		
(example: bruise, cut, scrape, bite)	(example: right arm, low back, forehead)		
Describe in detail the accident / injury:			
First adult(s) to see or hear the accident: _____			
Who else was present at the time of the accident?			
First Aid given? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, by whom? _____			
What first aid measures were given? <input type="checkbox"/> Rest <input type="checkbox"/> Ice <input type="checkbox"/> Bandage <input type="checkbox"/> Other (describe below)			
Was there blood exposure? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, by whom? <input type="checkbox"/> Staff <input type="checkbox"/> Student			
Name(s):			
Did the child remain at site? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, where taken: _____ By whom? _____			
Were parents notified? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, by whom? _____ How? _____			
Follow-up notes:			
Report completed by:		Date of report:	
Reviewed by:		School Nurse Signature:	