

NORTH EAST ISD
STUDENT ACCIDENT/INCIDENT REPORT FORM

PRINT ONLY

CAMPUS _____

PRINT ONLY

STUDENT INFORMATION

LAST NAME _____ FIRST NAME _____ GENDER _____ GRADE _____ STUDENT ID# _____

DATE OF INJURY _____ TIME _____ SENT TO CLINIC BY: _____ TIME _____

SCHOOL INS. YES NO ADULT SUPERVISION AT TIME OF INJURY _____
PRINTED _____ SIGNATURE _____

CAUSE

- ASSAULT/FIGHT
- BITE
- ILLNESS RELATED
- KICKED
- SLIP/FALL
- STRUCK BY
- TRIPPED

- OTHER: _____

ACCIDENT SCENE

- ATHLETICS
- BUS
- CAFETERIA
- CLASS ROOM
- HALLS
- GYMNASIUM

- PARKING LOT
- PLAYGROUND
- PRIVATE VEHICLE
- SHOP
- SPECIAL ACTIVITIES/FIELD TRIPS

- OTHER: _____

STATEMENT DESCRIBING ACCIDENT: _____

NATURE OF INJURY (POSSIBLE)

- ABRASION
- BRUISE
- BURN
- CONCUSSION
- DISLOCATION

- FRACTURE
- LACERATION
- PUNCTURE
- SCRATCH
- SPRAIN/STRAIN

- OTHER: _____

LOCATION OF INJURY (Please specify: R or L)

- ABDOMEN
- ANKLE
- ARM
- BACK
- CHEST

- COLLAR BONE
- EAR
- ELBOW
- EYE
- FACE

- FINGER
- FOOT
- HAND
- HEAD
- HIP

- KNEE
- LEG
- MOUTH/TEETH
- NECK
- NOSE

- PELVIC
- SHOULDER
- TOE
- WRIST

- OTHER: _____

TREATMENT ADMINISTERED

FIRST AID GIVEN: _____
 _____ ADMINISTERED BY: _____

PARENT NOTIFIED _____ BY _____ REFERRED TO PHYSICIAN _____ EMS CALLED _____
TIME NAME

PICKED UP BY: _____ RELATIONSHIP _____ TIME _____ TRANSPORTED: YES NO
NAME

PHYSICIAN DIAGNOSIS AND TREATMENT: _____
 _____ CLINIC/HOSPITAL _____

FOLLOW UP: DATE RETURNED TO SCHOOL _____ DAYS ABSENT _____ PHYSICIAN: _____

SCHOOL NURSE'S SIGNATURE _____ DATE _____

PRINCIPAL SIGNATURE _____