STAMFORD CENTRAL SCHOOL

STUDENT ACCIDENT/INJURY REPORT

Name: Gender: ☐ M ☐ F	DOB: / /	Time:
Person completing report:	Grade:	Date:
Parent/Guardian:	Phone:	
Address:	Cell:	

LOCATION OF ACCIDENT				
SCHOOL	☐ Auditorium	☐ Grounds	☐ Locker room	☐ Rest room
	☐ Cafeteria	☐ Gymnasium	☐ Playground	☐ Stairs
	☐ Classroom	☐ Hallway	☐ Pool	☐ Other:
NON-SCHOOL:	☐ To and from	☐ Bicycle	☐ Traffic	☐ Bus ☐ Other:

SYMPTOMS OBSERVED			
	☐ Bee sting	☐ Foreign object	☐ Rash/blister
☐ Abrasion (scratch/scrape)	☐ Bruise	☐ Insect bite	☐ Swelling
☐ Cut	☐ Bump	☐ Musculoskeletal	
☐ Puncture (skin pierced by object)	☐ Dental Injury	☐ Other	

PART OF BODY INJURED (indicate left or right under Other)							
☐ Abdomen	☐ Back	☐ Elbow	☐ Finger	☐ Head	☐ Mouth	☐ Shoulder	☐ Wrist
☐ Ankle	☐ Chest	☐ Eye	☐ Foot	☐ Knee	☐ Nose	☐ Tooth	
☐ Arm	☐ Ear	☐ Face	☐ Hand	☐ Leg	☐ Scalp	☐ Other	

DESCRIPTION OF ACCIDENT: describe how the accident occurred and the activity the person was doing

FIRST AID & FOLLOW-UP CARE PROVIDED			
☐ Area rinsed/washed	☐ Bandage applied	☐ Ice applied	☐ Rested/observed
☐ Medication administered:	Type:		Time given:
☐ Other care provided:			
WITNESS			
Name:			
Address:		Phone #:	

COMMUNICATION/NOTIFICATION WITH PARENTS/GUARDIANS			
Parent/Guardian Notified:	☐ Yes ☐ No	Date:	Time:
Notified via:	☐ Phone ☐ Message left ☐ Email ☐ In-Person		