



STUDENT—ACCIDENT—REPORT—FORM

Instructions: Please complete this form electronically and immediately after an incident occurs. Print-obtain signatures-scan-email to Debbie.Manna@morongo.k12.ca.us with <School Name> <Date> and <"Student Accident Report"> in the Subject Line of your email OR you may send through interoffice.

Student Name: _____ School Name: _____
 Address: _____ Date: _____
 Phone: _____ Time accident occurred: _____
 Sex: Male _____ Female _____ Age: _____
 Room or area in which accident occurred: _____

Description of Accident: Please describe how the accident happened. What was the student doing? List any specific acts by individuals or conditions that led to the accident. (include any tools, machinery or instrument involved).

Nature of Injury			Part of Body Injured		
Abrasion	Cut	Scratch	Abdomen	Face	Leg
Amputation	Dislocation	Shock	Ankle	Finger	Mouth
Asphyxiation	Fracture	Sprain	Back	Foot	Nose
Bite	Laceration	Splinter	Chest	Forearm	Shoulder
Bruise	Poisoning	Strain	Ear	Hand	Teeth
Burn	Puncture		Elbow	Head	Wrist
Concussion	Repetitive		Eye	Knee	
Other/specify:	Stress Injury		Other/specify:		

Did accident occur during class time? Y N If yes, provide class name: _____

Was first aid administered? Y N

Did the student go to the Nurse/Office for treatment: Y N

Remarks: What recommendations do you have for preventing other accidents of this type?

Was any school rule violated by injured student? Please explain: _____

Were the parents contacted? Please explain: _____

Student Outcome? (home, hospital, doctor, class, etc.) _____

Signed: _____
 Supervisor/Staff Present Principal/Administrator

Discipline Taken, if any: