

MILLCREEK-WEST UNITY LOCAL SCHOOL

STUDENT ACCIDENT REPORT

Report filled out by: _____

Position: _____

Date of Report: _____

A. STUDENT INVOLVED

Name: _____

Last – First – Initial

____ Grade ____ Age ____ Sex

____ Reg. ____ Special

____ Accident Date ____ Time
am/pm

B. LOCATION OF ACCIDENT

____ Agriculture Field ____ Playground
____ Athletic Field ____ Parking Area
____ Cafeteria ____ Shop
____ Classroom ____ Stairs/Steps
____ Gymnasium ____ Walkway/Outdoors
____ Hallway ____ Other (Specify)

C. ACTIVITY INVOLVED IN ACCIDENT

____ Agriculture Field ____ Playground
____ Athletics ____ Play/Free Time
____ Classroom ____ Transportation/Trip
____ Physical Education ____ Other (Specify)

D. APPARENT NATURE OF INJURY

____ Abrasion ____ Poisoning
____ Bruise/Bump ____ Puncture
____ Burn ____ Shock
____ Cut/Laceration ____ Sprain
____ Dislocation ____ Sting
____ Fracture ____ Other (Specify)
____ Head Injury _____

E. PART OF BODY INJURED

____ Abdomen ____ Foot
____ Ankle ____ Hand
____ Arm ____ Head
____ Back ____ Knee
____ Chest ____ Leg
____ Elbow ____ Teeth
____ Eye ____ Wrist
____ Face ____ Other (Specify)
____ Finger _____

F. IMMEDIATE ACTION TAKEN

____ First Aid by: _____
____ Sent to Nurse by: _____
____ Sent Home by: _____
____ Sent to Dr. by: _____
____ Doctor's Name _____
____ Sent to hosp. by: _____
____ Hospital's Name _____
By what means _____

G. PERSON NOTIFIED

____ Parent ____ Guardian ____ Friend
Person Notified _____
Who Notified _____
By What Means _____
If so, how long after
After injury _____

H. WITNESS TO ACCIDENT

(additional witnesses may be attached)

Name: _____
____ staff or ____ student

Name: _____
____ staff or ____ student

First staff person at scene of accident

I. DESCRIPTION OF ACCIDENT

(How did accident happen? What was student doing? Additional information may be attached)

Principal's Signature

Date