

Accident Report Form*

This form, or a similar one preferred by the district, is to be completed on each injury which occurs in the school building, on the school grounds, while the student is on his/her way to or from school activities that result in one-half or more day's absence from school or requires a doctor's attention. This form can be created electronically with eSchoolPlus. Submit all completed reports to the designated office in the school district. It is recommended that a duplicate copy of this report be prepared for the school's file. The nurse may be asked by the district/charter to complete additional medical insurance documents.

1. Name: _____ Sex: _____ Grade: _____ Student: _____
2. District: _____ School: _____
3. Date/Time Accident Occurred: _____
Date/Time Accident Reported: _____
4. Nature of Accident: _____
Name of Injury: _____ Part of Body Injured _____
5. Reason for Nurse Assessment:

Nurse Assessment:

Date of Last Tetanus Shot:

Nurse's Note:

Intervention:

6. How did the accident happen? List specifically any unsafe act(s) and/or unsafe condition(s). Specify any tool, machine, or equipment involved.

7. What action(s) was taken and by whom?

8. Was the parent/guardian notified? Yes / No
Who: _____ Relationship: _____
When: _____ How: _____
9. Please complete below:
Location: _____ Activity: _____ Areas: _____
To and From School: _____
10. Total Number of School Days Lost: _____ (To be recorded when the student returns to school)

*Some districts use this form to document staff accidents.