

JOPLIN SCHOOLS

STUDENT ACCIDENT REPORT

STUDENT'S NAME -						GRADE-																				
SCHOOL-						DATE-						TIME-														
I N J U R Y	ACCIDENT REPORTED BY-												TITLE-													
	LOCATION OF ACCIDENT																									
	CLASSROOM						CAFETERIA						PARKING LOT						ATHLETIC FIELD							
	HALLWAY						PLAYGROUND						SIDEWALK						LIBRARY							
	BATHROOM						GYMNASIUM						STAIRS						OTHER							
	OTHER LOCATION-																									
	DESCRIBE ACCIDENT-																									
	DID THE ACCIDENT INVOLVE DEFECTIVE EQUIPMENT?												YES		NO		WHAT									
	WAS A WORK ORDER SUBMITTED FOR DEFECTIVE EQUIPMENT?												YES		BY WHOM?											
	WITNESS/ES TO ACCIDENT																									
M E D I C A L	MEDICAL/FIRST AID TREATMENT ADMINISTERED BY-																									
	NATURE OF INJURY																									
	ABRASION						BURN						PUNCTURE						STRAIN							
	BITE						CUT						SCRATCH						OTHER-							
	BRUISE						HEAD INJURY						SPLINTER													
	BODY PARTS INJURED																									
	ANKLE R / L						FOOT R / L						HEAD						KNEE R / L							
	ARM R / L						FACE						LEG R / L						TEETH / MOUTH							
	BACK						FINGER						NOSE						WRIST R / L							
	NECK						HAND R / L						EYE R / L						SHOULDER R / L							
OTHER-																										
FIRST AID TREATMENT ADMINISTERED																										
ICE PACK						CLEANSED WOUND						OBSERVED						NEURO CHECK								
DIRECT PRESSURE						BANDAGE/DRESSING						IMMOBILIZED						OTHER -								
INJURY DETAILS-																										
DESCRIBE TREATMENT GIVEN-																										
PARENT CONTACT						YES		TIME		LEFT MESSAGE						TIME		NO PARENT CONTACT								
PARENT COMMENTS-																										
DID THE STUDENT RETURN TO CLASS?												YES		NO												
OTHER TREATMENT (LEFT SCHOOL)-						HOME		DR.		URGENT CARE						E.R.		911 CALL								
OUTCOME OF OTHER TREATMENT-																										
FORM WAS SENT HOME FOR HEAD INJURY												NURSE VISIT (NO CONTACT FORM) SENT HOME														
ACCIDENT WAS RECORDED INTO INFINITE CAMPUS												COPY OF INFINITE CAMPUS REPORT ATTACHED														
S I G N	SIGNATURE OF PRINCIPAL												SIGNATURE OF NURSE/RESPONDER													
	ACCIDENT REPORT DISTRIBUTION						ORIGINAL PAT WALDO						COPY NURSE COORDINATOR						COPY SCHOOL PRINCIPAL							