Accident Report

This form is to be completed by the appropriate employee(s) as soon as possible after an accident occurs.

PLEASE PRINT OR TYPE

District Name: **MONROE COUNTY** School Name _____

School Phone _____ Supervising Employee _____

Date of Accident: _____ Time: ____ ☐ AM ☐ PM Grade _____ Teacher _____

Student's Name _____ _____ _____
Last Name *First Name* *Middle Initial*

Parent's Name (if student) _____ Work Phone Number (___) _____

Nature of Injury	
☐ Scratch	☐ Concussion
☐ Fracture	☐ Head Injury
☐ Bruise	☐ Sprain/Strain
☐ Burn	☐ Cut/Puncture
☐ Dislocation	☐ Bite
☐ Other _____	

Place of Accident	
☐ Classroom	☐ Gymnasium
☐ Hallway	☐ Parking Lot
☐ Bathroom	☐ Sidewalk
☐ Cafeteria	☐ Stairs
☐ Playground	☐ Athletic Field
☐ Other _____	

Body Part Injured		
☐ Ankle	☐ Foot	☐ Leg
☐ Arm	☐ Face	☐ Nose
☐ Back	☐ Finger	☐ Teeth
☐ Neck	☐ Hand	☐ Wrist
☐ Eye	☐ Knee	☐ Shoulder
☐ Other _____		

Describe accident and injury in detail: ***(Attach additional description as necessary.)***

_____

_____

_____

_____

Were efforts made to contact the parent/guardian about the accident? ☐ Yes ☐ No

Was first aid administered? ☐ Yes ☐ No By whom? _____

Was the student ☐ Sent home ☐ Sent to physician ☐ Sent to hospital ☐ Sent to school nurse

Witnesses (Name, Address & Phone) _____

_____

☐ Insurance Forms Completed

_____ _____
Signature of Person Completing the Report ***Date***

_____ _____
Signature of Principal ***Date***

Review/Revised:7/13/06