



Student/Visitor Accident Report

To be completed by supervising teacher, coach, or school employee who witnesses the incident.

Check one: Student Visitor

Name of injured person: _____ Age _____ Grade _____

Address: _____

School: _____ Date of injury: _____

Time: _____ Location where injury occurred _____

Witness _____ Witness _____

Apparent Nature of Injury (Check all that apply):

Abrasion Amputation Bruise Burn Laceration Fracture Puncture Sprain Concussion

Other (specify) _____

Body Part(s) Injured (Check all that apply):

Ankle Arm Back Elbow Eye Face Finger Foot Hand Head Knee Leg Nose Scalp

Tooth Wrist Other (specify) _____

Description of accident and treatment given (How? Doing What? Where? Equipment involved? Unsafe acts or existing conditions?)

Treatments given (check all that apply): First Aid Sent to School Nurse Sent home Sent to Physician Hospital

Immediate action was taken by (name): _____

Name of hospital: _____ How transported: _____

Was parent or other individual notified? Yes No When? _____ How? _____

Name of individual notified _____ By whom? _____

Signature of person completing report _____ Date _____

Information for parent/guardian regarding follow up medical care:

If your child experiences ANY concerning physical or behavioral signs and symptoms, PLEASE FOLLOW UP WITH YOUR PRIMARY CARE MEDICAL PROVIDER in order to rule out serious injury or concussion.

Signs and Symptoms of Concussion			
Thinking/Remembering	Physical	Emotional/Mood	Sleep
Difficulty thinking clearly	Headaches	Irritability	Difficulty falling asleep
Feeling slowed down	Dizziness	Sadness	Sleeping more than usual
Difficulty concentrating	Fuzzy or Blurred vision	More emotional than usual	Sleeping less than usual
Difficulty remembering new information	Sensitivity to light	Feeling nervous	
	Sensitivity to noise	Feeling anxious	
	Balance problems		
	Nausea/Vomiting		

If your child is diagnosed with a concussion, please inform the school counselor at your child's school as soon as possible. The school counselor serves as the school's designated concussion contact. The school will need specific information from your child's medical provider regarding academic accommodations and restrictions that may be needed during the recovery phase of concussion.