

M.S.A.D. No. 41 REPORT OF ACCIDENT / INJURY / INCIDENT

Student Name _____ School _____ Grade: _____

Person in Charge of Activity _____ Date _____ Time _____

Accident Location: ___classroom ___playground ___gym ___bus
_____other _____**Nature of accident/injury (check all that apply):**

_____ Abrasion	_____ Cut	_____ Object in Eye
_____ Bite	_____ Dental	_____ Puncture
_____ Bruise	_____ Dislocation	_____ Sprain/Strain
_____ Burn	_____ Fracture	_____ Other (specify)
_____ Concussion	_____ Laceration	_____

Part(s) of body (Indicate Left (L) or Right (R) when applicable):

_____ Ankle	_____ Eye	_____ Hip	_____ Nose
_____ Arm	_____ Face	_____ Knee	_____ Shoulder
_____ Back	_____ Finger	_____ Leg	_____ Stomach
_____ Chest	_____ Foot	_____ Lip	_____ Tooth
_____ Collar Bone	_____ Hand	_____ Mouth	_____ Wrist
_____ Elbow	_____ Head	_____ Neck	_____ Other

Describe how accident/injury/incident occurred: _____

Name/s of staff member/s present: _____

First Aid Given:

_____ ice	_____ washed wound	_____ kept quiet
_____ stopped bleeding	_____ splinted	_____ bandages
_____ applied dressing	_____ applied sling	_____ observation only
_____ other, specify _____		

Parent Notified: ___Yes ___No _____ Why not?

Further Care: ___parent took home ___parent took to doctor
_____ relative took home _____ parent took to ER
_____ transported from school by ambulance

Signature of Person Reporting: _____

Examined by School Nurse: Date _____ Time _____ Signature of Nurse _____

Additional Comments: _____
_____**Original copy to school nurse. Copy in school office.**First Reading: June 6, 2001Adopted July 11, 2001

Form SO-7 (8/01)