

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)