

STUDENT ACCIDENT REPORT FORM

Morning Sun Community School District, 311 E Division St., Morning Sun, IA 52640 | Phone: 319-868-7701 | Fax: 319-868-7703

Student Information

Name: _____ Date of Incident: _____
 Date of Birth: _____ Grade: _____ Male Female Time of Incident: _____ AM PM

Parent/Guardian Information

Names: _____ Work Phone: _____
 Address: _____ Cell Phone 1: _____
 City, State, Zip: _____ Cell Phone 2: _____

Location of Incident

Bus Cafeteria Classroom Gym Hallway Parking Lot Playground Restroom Stairway
 Other, explain: _____

Time of Incident

After School Before School Classroom Field Trip Hallway Lunch PE Recess Unknown
 Other, explain: _____

Equipment No Equipment Involved Equipment Involved, describe: _____

Type of Injury

	Ankle	Abdomen	Back	Chest/Ribs	Chin	Collarbone	Ear	Elbow	Eye	Finger	Fingernail	Foot	Forearm	Genitals	Groin	Hand	Head	Jaw	Knee	Leg	Mouth/Lips	Neck/Throat	Nose	Pelvis/Hip	Shoulder	Toe	Tooth/Teeth	Upper Arm	Wrist
Abrasion/Scrape																													
Bite																													
Bump/Swelling																													
Bruise																													
Burn/Scald																													
Cut/Laceration																													
Dislocation																													
Fracture																													
Pain/Tenderness																													
Puncture																													
Sprain																													
Other																													

Contributing Factors (check all that apply)

- Animal Bite Bug Bite/Sting Collision with Object Collision with Person Compression/Pinch Fall
 Foreign Body/Object Hit with Thrown Object Physical Altercation Struck by Auto, Bike, Etc. Tripped/Slipped
 Other, explain: _____

Description of the Incident

Witnesses to the Incident

Staff Involved (check all that apply)

- Assistant Staff Bus Driver Cafeteria Staff Custodian Nurse Principal Secretary Teacher
 Other, explain: _____

Action Taken (check all that apply)

By School:

- First aid administered
 Parent/Guardian notified
 Unable to contact Parent/Guardian
 Remained in or returned to class
 Sent/Taken home
 Checked by school nurse
 Checked by Paramedics/ EMTs
 Referred to physician
 Referred to emergency care facility or hospital
 Other, explain: _____

By Parent/Guardian:

- Parent/Guardian deemed no medical action necessary
 Taken to physician
 Taken to emergency care facility or hospital
 Hospitalized, specify length: _____
 Restricted school activity, specify length: _____

Describe Care Provided to the Student

Signatures

_____ Signature of Staff Member Completing Form	_____ Date	_____ Time
_____ Principal's Signature	_____ Date	_____ Time