

## STUDENT ACCIDENT REPORT MARENGO COMMUNITY HIGH SCHOOL

Date Submitted ____/____/____	Date of Accident ____/____/____ Time ____ am/pm
Student Involved	Report Filed By _____
Name _____	Position _____
Grade ____ Age ____ Sex ____	<b>This Accident Occurred Under the Direct Supervision Of</b>
Class Period _____	Print Name _____
Class _____	Sign Name _____

<b>Part of Body Injured:</b>			
<input type="checkbox"/> Abdomen	<input type="checkbox"/> Elbow R or L	<input type="checkbox"/> Hand R or L	<input type="checkbox"/> Shoulder R or L
<input type="checkbox"/> Ankle R or L	<input type="checkbox"/> Eye R or L	<input type="checkbox"/> Head	<input type="checkbox"/> Teeth
<input type="checkbox"/> Arm R or L	<input type="checkbox"/> Face	<input type="checkbox"/> Knee R or L	<input type="checkbox"/> Wrist R or L
<input type="checkbox"/> Back	<input type="checkbox"/> Finger	<input type="checkbox"/> Leg R or L	<input type="checkbox"/> Other _____
<input type="checkbox"/> Chest	<input type="checkbox"/> Foot R or L	<input type="checkbox"/> Neck	<input type="checkbox"/> Other _____

<b>Location of Accident:</b>		<b>Immediate Action Taken:</b>	
<input type="checkbox"/> Athletic Field	<input type="checkbox"/> Shop	<input type="checkbox"/> First Aid by _____	
<input type="checkbox"/> Auditorium	<input type="checkbox"/> Stairs/Steps	<input type="checkbox"/> Sent Home By _____	
<input type="checkbox"/> Cafeteria	<input type="checkbox"/> Transportation	<input type="checkbox"/> Sent to Dr. By _____	
<input type="checkbox"/> Classroom	<input type="checkbox"/> Walkway/Outdoors	Dr. Name _____	
<input type="checkbox"/> Gym	<input type="checkbox"/> Other	<input type="checkbox"/> Sent to Hospital By _____	
<input type="checkbox"/> Hallway		Hospital Name _____	

<b>Activity Involved in Accident:</b>		<b>Person Notified:</b>	
<input type="checkbox"/> Athletics	<input type="checkbox"/> Shop	<input type="checkbox"/> Parent	<input type="checkbox"/> Guardian
<input type="checkbox"/> Classroom	<input type="checkbox"/> Transportation	Name of Person Notified _____	
<input type="checkbox"/> Free Time	<input type="checkbox"/> Trip	By Whom Notified _____	
<input type="checkbox"/> Lunch	<input type="checkbox"/> Other	By What Means _____	
<input type="checkbox"/> Physical Ed.		How Long After Injury _____	

<b>Apparent Nature of Injury:</b>		<b>Witness to Accident:</b>	
<input type="checkbox"/> Abrasion	<input type="checkbox"/> Poisoning	Name _____	Staff _____
<input type="checkbox"/> Bruise/Bump	<input type="checkbox"/> Puncture	Name _____	Staff _____
<input type="checkbox"/> Burn	<input type="checkbox"/> Shock (Electrical)	Name _____	Student _____
<input type="checkbox"/> Cut	<input type="checkbox"/> Sprain	First Staff Person at Scene of Accident	
<input type="checkbox"/> Dislocation	<input type="checkbox"/> Sting	_____	
<input type="checkbox"/> Fracture	<input type="checkbox"/> Other _____		
<input type="checkbox"/> Head Injury			

Description of Accident: How and What Happened

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Principal's Signature \_\_\_\_\_ Date \_\_\_\_\_

