

# West County R-IV School District

## Student Accident Report

Name:	Date:	Time:	Age:	Grade:	Teacher:
Parent's Name:			Phone:	Address:	
Location of Accident: <input type="checkbox"/> Playground <input type="checkbox"/> Classroom <input type="checkbox"/> Hallway <input type="checkbox"/> Stairs <input type="checkbox"/> P.E. <input type="checkbox"/> Kitchen <input type="checkbox"/> Other			Nature of Injury: <input type="checkbox"/> Laceration, Cut <input type="checkbox"/> Contusion <input type="checkbox"/> Fracture, Dislocation <input type="checkbox"/> Burn or Scald <input type="checkbox"/> Sprain, Strain <input type="checkbox"/> Retained foreign body <input type="checkbox"/> Concussion <input type="checkbox"/> No Apparent Injury		
Orientation After Accident: <input type="checkbox"/> Alert <input type="checkbox"/> Confused <input type="checkbox"/> Unconscious <input type="checkbox"/> Agitated <input type="checkbox"/> Combative <input type="checkbox"/> Other (explain) <input type="checkbox"/> Neurocheck Attached			Student Complains of.....  <hr/> School Accident Insurance: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Description of Accident:					
Nurses Notes:					
Who was contacted:	Where was student taken <input type="checkbox"/> Home <input type="checkbox"/> Parent <input type="checkbox"/> Doctor <input type="checkbox"/> Relative <input type="checkbox"/> Hosp. <input type="checkbox"/> Friend		Dr. Name:	Witness:	

Time out \_\_\_\_\_