

LAKE SHORE CENTRAL SCHOOLS

959 Beach Road, Angola, New York 14006

STUDENT ACCIDENT REPORT FORM

Directions:

1. Teacher or Employee: Complete all entries as required. Route to school nurse.
2. School Nurse: Complete and route to building principal.
3. Building Principal: Review and sign. Secretary to type two copies; original forwarded to Superintendent (after being signed by school nurse and principal); copy to chairperson of health services. The original handwritten report will be filed with the student's health record.

GENERAL INFORMATION

PART I

Name: _____ Address: _____
Last First MI Number Street

Age: _____ DOB: _____ Post Office: _____

Parents' Name: _____ Telephone Number: _____

Building: Sr. High School Grade: _____ Homeroom: N/A Homeroom Teacher: N/A

SPECIFIC INFORMATION

PART II

Day of Injury: _____ Date: _____ Time: _____ AM _____ PM

Witness (adults): _____

Signature of Person(s) in Charge: _____

DESCRIPTION

PART III

- A. Describe specific nature of injury, apparent severity and body parts affected (injured right ankle, cut big toe left foot, etc.):

- B. Activity when injured (swimming, basketball, hockey, passing to class, etc.):

- C. Exactly how did the accident happen? Describe fully, stating whether the injured tripped over object, slipped, fell, was struck,

- D. Exact location of accident (gym, playground, classroom). If sports accident away from school, record the name of school where accident occurred):

PART IV

BLOOD SPILL INCIDENT REPORTING AND OSHA REGULATIONS

As a result of the accident, did a staff member come into bodily contact with blood through mucous membranes (eyes, mouth, nose) or non-intact skin? Yes ☐ No ☒ If the answer is YES, the staff member must complete an "Exposure Incident Report" available in the nurse's office.

PART V**ADDITIONAL INFORMATION**

First Aid Rendered: _____

Time: _____ By Whom: _____

Transported ☐ YES ☐ NO

Where: _____

By: _____

Family Physician: _____

Note here if physician other than family physician treated injury: _____

Is further treatment anticipated? _____

Parents notified: ☐ YES ☐ NO By whom: _____ When: _____**PART VI****MEDICAL INSURANCE**

What medical insurance/surgical insurance coverage is carried by the family? _____

(IF NO COVERAGE IS AVAILABLE, BE SURE TO ATTACH SEPARATE SIGNED AND WITNESS STATEMENT)**PART VII****INTERSCHOLASTIC SPORTS ONLY**

Sport: _____

Was this a scheduled game? ☐ Yes ☐ No Location: _____

Coach in charge: _____ Claim Number: _____

SUMMARY REPORT BY SCHOOL NURSE

Signature of School Nurse: _____ Date: _____

Patricia J. Binaxas, RN

Signature of Building Principal: _____ Date: _____

Katy Berner-Wallen

Signature of Business Manager _____ Date: _____

Johnathan Perry