

# 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: WGH Middle 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: \_\_\_\_\_

Scott Dragowski, RN

Signature of Building Principal: \_\_\_\_\_ Date: \_\_\_\_\_

Stacy Conti

Signature of Business Manager \_\_\_\_\_ Date: \_\_\_\_\_

Johnathan Perry