

STUDENT INCIDENT/ACCIDENT REPORT FORM DAVIDSON COUNTY SCHOOLS

Student's Name: _____ Age: _____ Sex: Male Female

School: _____ Homeroom: _____ Grade: _____

Date of Injury: _____ Time of Injury: _____

First Responder or Staff Responsible for Student: _____

<i>Place of Incident</i>	<i>Nature of Incident (check all that apply)</i>	<i>Body Part Affected</i>	
<input type="checkbox"/> Classroom	<input type="checkbox"/> Abrasion	<input type="checkbox"/> Abdomen	<input type="checkbox"/> Foot
<input type="checkbox"/> Hallway	<input type="checkbox"/> Asphyxia	<input type="checkbox"/> Ankle	<input type="checkbox"/> Hand
<input type="checkbox"/> Bathroom	<input type="checkbox"/> Burn	<input type="checkbox"/> Arm	<input type="checkbox"/> Head
<input type="checkbox"/> Lunchroom	<input type="checkbox"/> Fracture (possible)	<input type="checkbox"/> Back	<input type="checkbox"/> Knee
<input type="checkbox"/> Playground/Ball Field	<input type="checkbox"/> Head Injury	<input type="checkbox"/> Chest	<input type="checkbox"/> Leg
<input type="checkbox"/> Gymnasium/PE	<input type="checkbox"/> Heat Related Injury	<input type="checkbox"/> Ear	<input type="checkbox"/> Mouth
<input type="checkbox"/> Shop	<input type="checkbox"/> Laceration	<input type="checkbox"/> Eye	<input type="checkbox"/> Teeth
<input type="checkbox"/> Other _____	<input type="checkbox"/> Sprain/Strain	<input type="checkbox"/> Face	<input type="checkbox"/> Wrist
		<input type="checkbox"/> Other	<input type="checkbox"/> Finger

Describe: _____

Was Parent/Guardian notified? YES NO Phone Note In Person

Describe treatment: _____

- Student was picked up by Parent/Guardian
- Student was taken to physician by Parent/Guardian
- Student was sent to hospital by ambulance
- Student returned to class

Signature of Teaching Staff, Principal, or Nurse