# Greeneville City Schools
# STUDENT ACCIDENT REPORT

| Name of Student | Sex | Birthdate | School |
|---|---|---|---|
| | | | |

| Date of Accident | Time of Accident | Name of Campus Where Accident Occurred |
|---|---|---|
| | | |

| Place where injury occurred | Part of Body Injured | | Description of Injury | Action Taken |
|---|---|---|---|---|
| □ Bus<br>□ Cafeteria<br>□ Classroom<br>□ Gym<br>□ Hallway<br>□ Playground<br>□ Restroom<br>□ Stairs<br>□ Other (specify location)_____ | □ Abdomen<br>□ Ankle<br>□ Arm<br>□ Back<br>□ Chest<br>□ Ear<br>□ Elbow<br>□ Eye<br>□ Fingers<br>□ Foot<br>□ Hand | □ Head<br>□ Knee<br>□ Leg<br>□ Mouth<br>□ Neck<br>□ Nose<br>□ Teeth<br>□ Wrist<br>□ Other:_____<br>_____ | □ Abrasion<br>□ Bleeding<br>□ Bruise(s)<br>□ Burn(s)<br>□ Cut(s)<br>□ Possible Fracture(s)<br>□ Scratches<br>□ Possible Sprain<br>□ Swelling<br>□ Other_____ | □ First Aid by School Staff<br>□ EMS/Hospital<br>□ Sent Home<br>□ Sent to Physician<br>□ Treatment/School Nurse |

| Supervising Adult(s): | Witness(es): |
|---|---|
| | |

**Describe the student's injury in detail:**

**What caused the accident?**

**Name of person notifying parent: _____**
**Date Parent notified: _____ Time Parent Notified: _____**

**Information Regarding Parent/Guardian Contacted About the Injury:**

**Name: _____ Address: _____**

**Parent Cell Phone: _____ Parent Home Phone: _____**

| Signature of Supervising Adult | Date Signed | Principal's Signature |
|---|---|---|
| | | |
| **Print Name of Supervising Adult** | **Phone # Supervising Adult** | **Date Principal Reviewed Report** |

**Send report to Coordinated School Health Office**

Revised: 05/2013; 07/17