

MILITE MIDDELOCCIOE CAMADY DADENTICHADDIAM

ACCIDENT/ILLNESS REPORT

This form should be completed on any occurrence which results in injury or illness.

RSONAL DATA	ALL PROPERTY.			☐ Male
Name of Person Injured			Date of Birth	_/ ☐ Female
Name of School Attends/E	mployed			
Parent/Guardian Name(s)	,			5
Home Address				
		Business Phone	CITY STATE Parents	1700
ACCIDENT DESC	RIPTION		:	
Date of Accident	/ / / T	ime of Accident	AM PM Date Reported _	MO. DAY YR.
Location of Accident	Classroom Gymnasiun	n 🗌 Cafeteria 🔲 H	fallway	
Give a Detailed Description of Accident				
are a betalled beestiplier of resident				
			SIGNATURE OF SUPERVISOR/TEACHER	
PARTS OF BODY INJURE	ED			
HEAD/NECK	UPPER EXTREMITIES	LOWER EXTREMITIES	TRUNK { }	{ }
□skull	☐ Shoulder(s) R L	☐ Hip(s) R L	☐ Upper back) (
.ce	Upper arm(s) R L	☐ Thigh(s) R L	☐ Lower back	
□Neck	☐ Elbow(s) R L	☐ Knee(s) R L	□ Collarbone	/,
□Ear(s) R L	☐ Forearm(s) R L	☐ Lower leg(s) R L	□ Chest	/
☐ Eye(s) R L	☐ Wrist(s) R L	☐ Ankle(s) R L	☐ Lung(s)	
Nose	☐ Hand(s) R L	Foot R L	☐ Ribs	
				\ \() . \\)
Teeth	☐ Finger(s) R L	☐ Toe(s) R L	☐ Pelvis	1 1 1 161
Mouth			. □ Internal 🐰 / /	1 3 1
SPECIFIC TYPE OF INJURY				
☐ Amputation	☐ Concussion	☐ Inflammation	□ Puncture / \	
managed To the state of				/ () \
Asphyxiation	☐ Cut/Laceration/Abrasion		☐ Shock (electrical)	
Bite	☐ Dislocation	Overheated	☐ Sprain/Strain	
☐ Bruise/Contusion	Fracture	☐ Paralysis	☐ Sting	\(\)
☐ Burn/Scald	☐ Frostbite	☐ Poisoning (solid, liquid,	☐ Teeth injury	21 1>
Chest Pains	☐ Hearing Loss	gas, vapor)	☐ Vision loss	2 4 5 5 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
Other (specify)			MARK INJURE	D AREAS OF BODY
MEDICAL ATTEN	TION			
First aid administered.	Describe first aid given			
			SIGNATURE OF PERSON ADMINISTERING FIRST AID	
☐ Taken to school nurse	☐ Taken to doctor/clinic	☐ Taken home, by who		Returned to normal activity
☐ Ambulance called ☐ Taken to hospital, by whom				
DF HOSPITAL/DOCTOR ADDRESS OF HOSPITAL/DOCTOR				
Witness(es) to Accident				
N/	AME		ADDRESS	PHONE
N/	AME		ADDRESS	PHONE
Final Results		Signature		
Tindi Headilo			NAME OF PERSON FILING REPORT	DATE