

Midwestern Intermediate Unit IV
453 Maple Street • Grove City, Pennsylvania 16127-2399

Student Accident Report

Student: _____ Age: _____ Date: _____

Parent: _____ Phone: _____ Program Location: _____

Teacher: _____

District of Residence: _____

Address: _____ Other Staff in Area/Titles: _____

Signature and title of staff who witnessed or was first on the scene of the accident:

Brief Description of what occurred include what happened before, during and after the accident, e.g. (John was walking down the aisle and tripped over a back pack. He hit his head causing bleeding and had to be seen by the nurse.): _____

Time seen by Nurse: _____ Date: _____

Time Parent was called: _____ Date: _____

Statement (including treatment) of nurse seeing student: _____

Signature of Nurse

Date

Comments of Supervisor: _____

Signature of Supervisor

Date

Administrator's Comments: _____

Signature of Director of Special Education

Date

Directions:

1. Completion of this form is required for all accidents **requiring nursing assessment**. Professional staff judgment always enters into your decision as to whether or not to contact the nurse. You must err on the side of caution.
2. Accidents involving **any head injury** (including self-injury and head being struck when falling), bleeding, or possible bone fracture must be assessed by nursing personnel.
3. Minor injuries (e.g. a scratch that requires a band-aid) should be documented on a minor accident/injury log maintained in the student's file.
4. The person who witnessed or was first on the scene of the accident is the person who must complete this form.
5. Call your supervisor to give a verbal report the day the accident occurs.
6. Complete this form within 24 hours of the accident and send it to your supervisor upon completion.