

ATHLETIC INJURIES: Mr. Mangan  
SCHOOL INJURIES: Nurse

## ARROWHEAD HIGH SCHOOL STUDENT ACCIDENT REPORT FORM

**Student Injured** \_\_\_\_\_ **Grade** \_\_\_\_\_ **Grad Year** \_\_\_\_\_

**Date of Accident** \_\_\_\_\_ **Time** \_\_\_\_\_

**Date of This Report** \_\_\_\_\_

**Place of Accident** \_\_\_\_\_

**Cause of Accident** \_\_\_\_\_

(If athletics, name sport and whether for practice for or participation in interscholastic, intramural or other)

**Nature of Injury** \_\_\_\_\_

(Please specify right, left limb; side; shoulder; etc.)

**Under Whose Supervision** \_\_\_\_\_

**Were parents contacted?** Yes \_\_\_\_\_ No \_\_\_\_\_ **By Whom?** \_\_\_\_\_

**Was a doctor seen later?** Yes \_\_\_\_\_ No \_\_\_\_\_

**Name of doctor** \_\_\_\_\_

**Immediate treatment given to injured student:**

Ice    Compression (Ace Wrap)    Elevation    Splinted    Crutches    Ibuprofen    Acetaminophen

**Accident occurred** \_\_\_\_\_ En route to/from school

\_\_\_\_\_ During regular school session

\_\_\_\_\_ During school sponsored activity

\_\_\_\_\_ Other

**Reporting Department** \_\_\_\_\_ **Did you witness?** Yes \_\_\_\_\_ No \_\_\_\_\_

**Signature of Teacher/Coach** \_\_\_\_\_ **Did you witness?** Yes \_\_\_\_\_ No \_\_\_\_\_

**Signature of Nurse/Health Room Aide/Trainer** \_\_\_\_\_

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**FOR OFFICE USE ONLY**

Insurance report form filed \_\_\_\_\_

Date \_\_\_\_\_