



Arrowhead High School Student Accident Report Form

School Year: _____
Graduation Year: _____

General Information		
Student's Name:		Grade:
Date of Accident:	Time of Injury:	Date of Report:
Place of Accident:		
Under Whose Supervision:		
Accident Occurred: <input type="checkbox"/> During School Hours <input type="checkbox"/> School Sponsored Activity <input type="checkbox"/> Before School <input type="checkbox"/> After School <input type="checkbox"/> Other: Please specify		

Accident Information	
Describe What Happened:	
Injury Location:	Head/Neck Torso Arm: Left or Right
	Leg: Left or Right Hand: Left or Right Foot: Left or Right
	Specific Location (i.e. finger, toe, knee, etc.):
Assessment: (What is wrong? What do you see? Color? Size? Etc.)	Comment:
Interventions:	Clean Wound Limb Elevation Bandage/Wrap Crutches
	Splint/Immobilize Ibuprofen Acetaminophen Ice Pack
	Applied Pressure Burn 2 nd Skin Square 911 Called Fluids
	Comment:
Disposition of Student:	Back to Class Home with Parent Hospital with Parent EMS

Were parents contacted: ☐ Yes ☐ No If yes, by whom? _____

Was it recommended for the student to seek medical evaluation? ☐ Yes ☐ No

Will the parent/guardian be taking the student for medical treatment? ☐ Yes ☐ No ☐ Unsure

Signature of Supervisor: _____ Did you witness? ☐ Yes ☐ No

Signature of Nurse/ Health Room Aide/ Trainer: _____