

ATHLETIC INJURIES: Mr. Flegner
SCHOOL INJURIES: Nurse

ARROWHEAD HIGH SCHOOL STUDENT ACCIDENT REPORT FORM

Student Injured _____ **Grade** _____

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 to be 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 field _____

Date _____