

North Attleboro Public Schools
Accident Report
 _____ School

To be completed at the time of the accident by the nurse and staff member in attendance.

Student/Staff

Name _____ **Age** _____
Address _____ **Phone** _____
Date _____ **Time** _____ **Insurance** _____
 If applicable: **Grade** _____ **Teacher** _____ **School** _____
Location of Accident _____
Person in Attendance _____

Nature of Accident

Part of Body Injured

| | | | | |
|----------------------------|-------------------------|---------------|--------------|-------------|
| Abrasion _____ | Head Injury _____ | Abdomen _____ | Eye _____ | Head _____ |
| Bruise/Bump _____ | Possible Fracture _____ | Ankle _____ | Face _____ | Knee _____ |
| Burn _____ | Laceration _____ | Arm _____ | Finger _____ | Leg _____ |
| Puncture _____ | Seizure _____ | Back _____ | Foot _____ | Teeth _____ |
| Possible Dislocation _____ | Shock _____ | Chest _____ | Hand _____ | Wrist _____ |
| Possible Sprain _____ | | Elbow _____ | | |
| Other _____ | | Other _____ | | |

(Indicate left/right, or both)

How did it happen? _____

Were the parents notified? Yes _____ No _____
 Treatment and Disposition _____

Follow-up: _____

Amount of time lost from School _____

Signatures: _____ **Principal**
 _____ **Nurse**
 _____ **Teacher on Duty**

If accident was not witnessed, please indicate that "Student (staff member) states..."