

Town of North Attleboro Accident Report

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 work _____

Signatures: _____

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