

DERRY AREA SCHOOL DISTRICT

SCHOOL ACCIDENT REPORT

Date _____

Name _____ Address _____

School _____ Sex _____ Age _____ Grade _____

Day, date, and time of accident: _____

Check suspected type of injury: _____ Laceration
_____ Orthopedic (possible fracture, sprain, etc.)
_____ Burn
_____ Other

Description and location of injury: _____

Description of known events leading to accident, include location where accident occurred and activity engaged in:

Remedial action taken by teacher: _____

Supervisor of activity: _____

Parent(s) notified: Date _____ Time _____ Parental Response: _____

Report prepared by _____
Name Title

Action taken by Nurse: _____

Report should be reviewed by all supervisory and administrative staff responsible for the student/employee.

Reviewed by: Instructional leader K-1 _____ Date _____
Principal/Associate Principal _____ Date _____
Nurse _____ Date _____
Supr. of Buildings/Grounds _____ Date _____
Supr. of Food Services _____ Date _____
Adm. Asst. for Business Affairs _____ Date _____

All staff injury reports must be sent to Superintendent's Office. _____ Date _____