Jessamine County Schools - Student Injury Report

Supervising employee: Complete form immediately following accident. Send copies to: Pat Glass, R.N., Central Office Annex, 885.4891 ext. 238, school nurse.
This form is for internal use only. Do not give to parent/guardian.

School ____ School Phone ___________________________

Date of Accident: ____________ Time: ______ AM ☐ PM Supervising Employee________________

Student's Name ____
Last Name *First Name* *MI*

Student's Age____________ Sex ___________ Grade__________ Homeroom _________________

Nature of Injury			*Place of Accident*			*Body Part Injured*		
☐ Scratch	☐ Concussion		☐ Classroom	☐ Gymnasium		☐ Ankle R / L	☐ Foot R / L	☐ Leg R / L
☐ Fracture	☐ Head Injury		☐ Hallway	☐ Parking Lot		☐ Arm R / L	☐ Face	☐ Nose
☐ Bruise	☐ Sprain/Strain		☐ Bathroom	☐ Sidewalk		☐ Back	☐ Finger	☐ Teeth
☐ Burn	☐ Cut/Puncture		☐ Cafeteria	☐ Stairs		☐ Neck	☐ Hand R / L	☐ Wrist R / L
☐ Dislocation	☐ Bite		☐ Playground	☐ Athletic Field		☐ Eye R / L	☐ Knee R / L	☐ Shoulder R / L
☐ Other			☐ Other			☐ Other		

Describe accident and injury <u>in detail</u>: (Attach additional description as necessary or use back of form)

____

____

Was parent/guardian contacted about the accident? ☐Yes ☐ No By Whom__________________________

Was first aid administered? ☐☐ Yes ☐ No By Whom? ____

Describe first aid given:____

Was the student ☐ Sent home ☐ Sent to physician ☐ Sent to hospital ☐☐ No action needed

If medical or hospital treatment was required or advised, please complete the following information and then fill out a Student Insurance form, give one copy to parent and send copy attached to this form to Pat Glass.
[Remember, do not give copy of injury report to parents]

Name and address of doctor or hospital ____

Witnesses (Name, Address & Phone) ____

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______________________________________ ______________________________________
Principal Signature **Date** **Person completing this report** **Date**

NOTE: THIS FORM MUST REMAIN ON FILE IN THE SCHOOL AND THE SCHOOL NURSES'S OFFICE FOR AT LEAST 3 YEARS.

Student Accident Form 2014

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