

# MORA PUBLIC SCHOOLS STUDENT ACCIDENT REPORT

The purpose of this report is to document data regarding this incident. Please be specific: you may at a later time be relying on this report to refresh your memory.

## Completed by staff member at the scene of the accident

Accident Victim's  
Legal Name \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade: \_\_\_\_ Gender: M / F

Date, time & event of accident: Date: \_\_\_\_/\_\_\_\_/20\_\_\_\_. Time: \_\_\_\_:\_\_\_\_ AM / PM, Event: \_\_\_\_\_

Location site: ME / HS / Other: \_\_\_\_\_ Specify exact location at the site: \_\_\_\_\_

Part of body injured: give both written description **and complete diagram on back of this form:** \_\_\_\_\_

Cause of injury : \_\_\_ Game/Practice; \_\_\_ Playground; \_\_\_ Classroom; \_\_\_ other: \_\_\_\_\_

Clearly describe what happened using all necessary details: \_\_\_\_\_

List witnesses who were present (include staff and students) : \_\_\_\_\_

Actions taken by school staff at the scene of the accident: \_\_\_\_\_

Print full name \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## Completed by health office staff (7:30 a.m. to 3:00 p.m.) or staff member at the scene.

Initial contact time with health office staff: \_\_\_\_:\_\_\_\_ AM / PM Initial contact made to school nurse: \_\_\_\_:\_\_\_\_ AM / PM

Name of parent / guardian contacts: \_\_\_\_\_ Time of contact: \_\_\_\_:\_\_\_\_ AM / PM

\_\_\_\_\_ Time of contact: \_\_\_\_:\_\_\_\_ AM / PM

\_\_\_\_\_ Time of contact: \_\_\_\_:\_\_\_\_ AM / PM

Actions taken by health office staff: \_\_\_\_\_

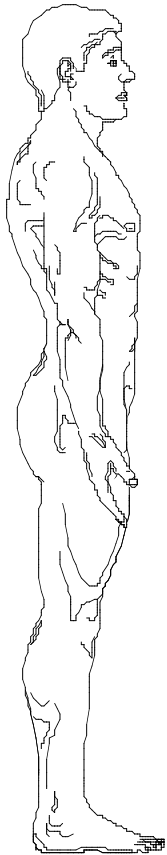
Print full name with title: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## Tracking information completed by health office or staff member at the scene.

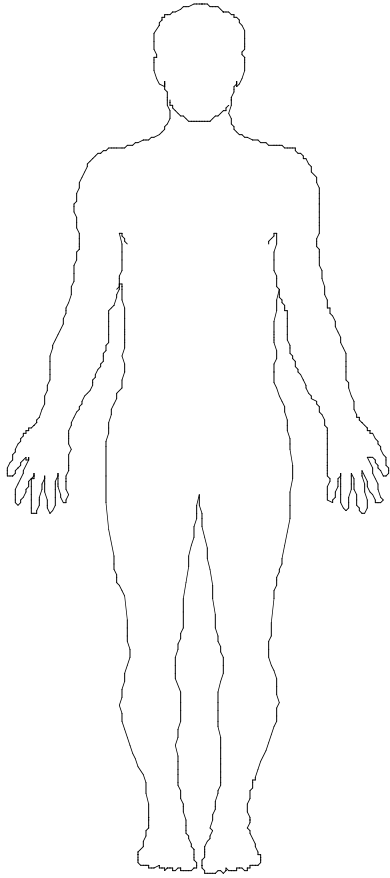
Name of school administrator contacted: \_\_\_\_\_ Time of contact: \_\_\_\_:\_\_\_\_ AM / PM

Persons receiving copies of accident report: (circle) : Exec. Assistant, Athletic Director, Building Principal, School Nurse

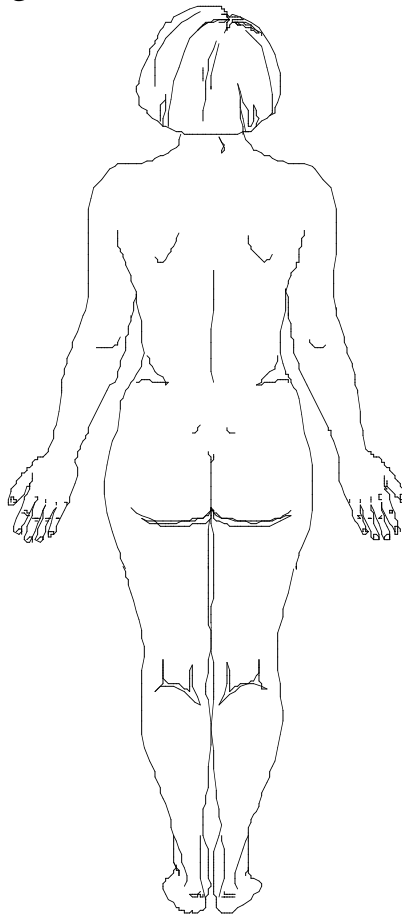
Please draw in injury on diagrams. Indicate Left or Right as needed.



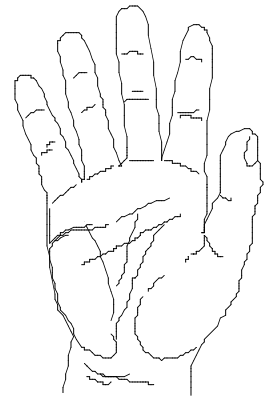
Lateral view  
Must specify R / L



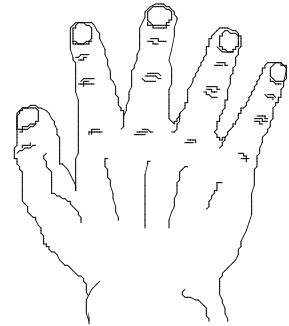
Front view



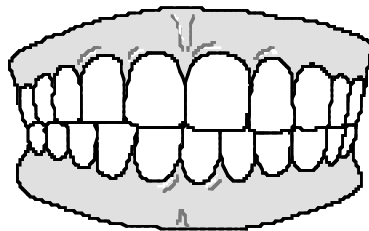
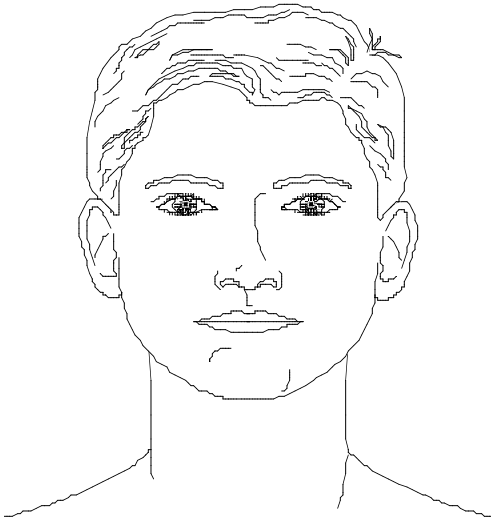
Back view



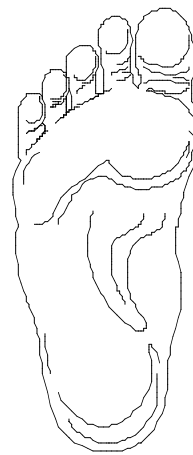
Palm view  
Must specify R / L



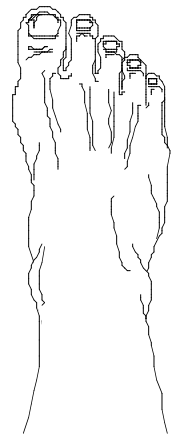
Top view  
Must specify R / L



*Attach another sheet of paper with drawing, if the diagrams provided are not sufficient*



Sole view  
Must specify R / L



Top view  
Must specify R / L

Date of follow up: \_\_\_\_/\_\_\_\_/20\_\_\_\_ Person providing information: : \_\_\_\_\_

Information received: \_\_\_\_\_

Administrative update to (if any): \_\_\_\_\_ Date/time: \_\_\_\_\_

Print full name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_