

MORA DISTRICT ACCIDENT REPORT FORM

STUDENT INFORMATION			
Student Name		Date	
Date of Birth		Grade	Male Female
Date of Illness/ Injury		Time of illness/ injury	

SCHOOL INFORMATION	
School:	Principal:

ACCIDENT INFORMATION (CIRCLE THE APPROPRIATE CHOICE)			
Location of accident		When did accident occur?	
Athletic Field	Playground	After School	Lunch
Bus	Pool	Athletic Practice	Other_____
Cafeteria	Restroom	Athletic Team Competition	Physical Education Class
Classroom	Stairway	Before School	Recess
Gymnasium	Vocational/Shop Lab	Class Change	Unknown
Hallway	Other_____	During Class	
Parking Lot		Field Trip	

SURFACE (CIRCLE ALL THAT APPLY)		
Asphalt	Gravel	Sand
Carpet	Gymnasium floor	Snow
Concrete	Ice	Synthetic Surface
Dirt	Mat(s)	Tile
Grass	Other_____	Wood Chips/Mulch

TYPE OF INJURY (CIRCLE ALL THAT APPLY)							
Head	Jaw	Elbow	Chest/Ribs	Leg	Abrasion	Cut/Laceration	Other
Eye	Chin	Forearm	Back	Knee	Scrape	Dislocation	
Ear	Neck/Throat	Wrist	Abdomen	Ankle	Bite	Fracture	
Nose	Collarbone	Hand	Groin	Foot	Bump/Swelling	Pain/Tenderness	
Mouth/Lips	Shoulder	Finger	Genitals	Toe	Bruise	Puncture	
Tooth/Teeth	Upper Arm	Fingernail	Pelvis/Hip	Toenail	Burn/Scald	Sprain	

CONTRIBUTING FACTORS (CIRCLE ALL THAT APPLY)				
Animal Bite	Contact with Hot or Toxic Substance	Fighting	Overextension/ Twisted	Struck by Object (bat, swing, etc.)
Collision with Object	Drug, Alcohol or Other Substance Involved	Foreign Body/Object	Slipped	Tripped
Collision with Person		Hit with Thrown Object	Struck by Auto, Bike, etc.	Unknown
Compression/Pinch	Fall	Other_____		Weapon

DESCRIPTION OF THE INCIDENT	
Witnessed by:	

STAFF INVOLVED (CIRCLE THE APPROPRIATE STAFF)	
Assistant Staff	Nurse
Bus Driver	Principal
Coach	Secretary
Custodian	Teacher
Dietary (Cafeteria) Staff	Other _____

INCIDENT RESPONSE		
First Aid	Time:	By Whom:
Parent/Guardian Notified	Time:	By Whom:
Unable to Contact Parent/Guardian	Time:	By Whom:
CIRCLE APPROPRIATE CHOICE(S)		
Parents deemed no medical action necessary	Return to class	Sent/Taken Home
Called EMS/911	Taken to healthcare provider/ clinic/hospital/urgent care	School Nurse called
Other _____		

CARE PROVIDED TO THE STUDENT	

OTHER COMMENTS	
SIGNATURE OF STAFF PERSON COMPLETING THE FORM:	DATE:
SIGNATURE OF PRINCIPAL:	DATE:
SIGNATURE OF SCHOOL NURSE:	DATE:

Please return to the ME or HS health office.