Clarksville-Montgomery County School System
HEALTH SERVICES
STUDENT ACCIDENT REPORT

Student Name_____ Grade_____ School_____
School Principal_____ Teacher_____
Supervisory person at the time of incident_____

Date of Injury_____ Time_____ Student's Age_____

Parent/Guardian Name_____
Home address_____ City, State, Zip Code_____
Home Phone_____ Work Phone_____

DESCRIPTION OF INCIDENT (to be completed by employee who witnessed the incident):_____
_____
_____
_____

Location of Incident
___ athletic event
___ bus
___ classroom
___ hallway
___ lunchroom
___ P.E. class
___ restroom
___ school ground
___ shop
___ other _____

Nature of Incident
___ anaphylaxis
___ cardiac
___ health related
___ joint/bone
___ respiratory
___ wound
___ abrasion
___ other _____
___ crushing
___ puncture
___ bite
___ burn
___ laceration
___ contusion

Area of Complaint
___ abdomen
___ ankle
___ arm
___ back
___ chest
___ ear
___ elbow
___ eye
___ finger
___ foot
___ hand
___ head
___ knee
___ leg
___ neck
___ nose
___ teeth
___ wrist

Signature of person completing above section:_____ Title_____

Clinical Assessment Below by School Nurse

SCHOOL NURSE ASSESSMENT:
_____
_____
_____

NURSE INTERVENTION(S): _____B/P _____ Pulse _____Respiration _____ Temperature

_____ Student rested in clinic/office.
_____ Administered first aid: _____cleaned _____splint _____ice pack
_____elevation of extremity _____pressure dressing
_____other _____

Symptoms: _____ decreased _____ persisted _____ increased Time student returned to class_____

Student returns to clinic/office with complaint of_____

Was parent/guardian notified? _____ Yes _____No Time of notification_____
Name of person notified_____
Did student leave school with parent/guardian? _____Yes _____No
Was 911 called? _____**Yes** _____**No**

This report should be filed with the Risk Management / Safety Department as early as possible. In the event of serious injury or possible liability, contact Risk Management / Safety Department at one of the following numbers:

___ phone	920-7836,	920-7806,	920-7976, or	920-7917;
___ cell	216-1971,	220-3317,	980-2613;	
___ fax	920-9817,	920-9806,	920-9976, or	920-9917

School Nurse Signature:_____