

Rock Port R II Accident Report

To be filled out, at the time of the accident, by the person caring for an injured student who is referred to a doctor.

Student Name:

Date:

Grade:

Time:

Teacher:

Persons in attendance:

Location of Accident:

Nature of Accident

Abrasion
Bruise/Bump
Burn
Cut
Convulsion
Dislocation
Head Injury
Fracture
Laceration
Puncture
Shock
Sprain
Other _____

Part of Body Injured

(Please mark right, left, or both)

Abdomen	Leg
Ankle	Teeth
Arm	Wrist
Back	Other _____
Chest	
Elbow	
Eye	
Face	
Finger	
Foot	
Hand	
Head	
Knee	

How did it happen?

Were parents notified?

Treatment/Disposition

Follow-up:

Coach/Sponsor _____

Athletic Director/Principal _____