

WORCESTER PUBLIC SCHOOLS STANDARD STUDENT ACCIDENT REPORT FORM

Part A. Report ALL Accidents Occurring Anywhere, Day or Night

1. Name: _____ Home Address: _____
2. School: _____ Sex: M: F: Age: _____ Grade or classification: _____
3. Time accident occurred: Hour _____ A.M. _____ P.M. Date: _____
4. Place of Accident: School Building School Grounds To or from School Home Elsewhere

5. **Description of the Accident**
How did the accident happen? What was the student doing? Where was the student?

Reported By: _____

Part B. Additional Information on School Jurisdiction Accidents

6. Staff in charge when accident occurred (Enter Name): _____
Witness to the accident: Yes: _____ No: _____ Name _____ Tel: _____

7. ACTION TAKEN

First Aid Treatment _____ By (Name): _____

Sent to school nurse _____ By (Name): _____

Parent/Guardian/Other notified: Yes: _____ No: _____ Date: _____ Time: _____ By Whom: _____

Unable to reach parent/guardian: _____ Reason: _____

Sent home with parent/guardian: Yes _____ No: _____ Time: _____

Sent to physician with parent/guardian for treatment and follow-up: Yes: _____ No: _____ Physicians Name: _____

3-Way Form sent with student, to return to school nurse, from the physician with recommendations: Yes: _____ No: _____

Sent to the hospital: via ambulance with parent/guardian: Yes: _____ No: _____, or Staff: Name: _____

8. **Follow-up:**
Parent/guardian: _____ Date: _____ Time: _____ Physician _____ Date: _____ Time: _____

Signed:
Principal: _____ Staff: _____