

Midwestern Intermediate Unit IV
 453 Maple Street Grove City, Pennsylvania 16127-2399
Student Accident Report

Student:	Age:	Date:
IParent:	Phone:	Program Location: Teacher: District of Residence:
Address:	Other Staff in Area/Titles:	
Signature and title of Staff who witnessed or was first on the scene of the accident:		

Brief Description of what occurred include what happened before, during and after the accident, e.g. (John was walking down the aisle and tripped over a back pack. He hit his head causing bleeding and had to be seen by the nurse.):

Time seen by Nurse: _____ **Date:** _____
Time Parent was called: _____ **Date:** _____

Statement (including treatment) of nurse seeing student:

Signature of Nurse _____
Date

Comments of Supervisor:

Signature of Supervisor _____
Date

Administrator's Comments:

Signature of Director of Special Education _____
Date

Directions:

1. Completion of this form is required for all accidents **requiring nursing assessment**. Professional staff judgment always enters into your decision as to whether or not to contact the nurse. You must error on the side of caution.
2. Accidents involving **any head injury** (including self-injury and head being struck when falling), bleeding, or possible bone fracture must be assessed by nursing personnel.
3. Minor injuries (e.g. a scratch that requires a band-aid) should be documented on a minor accident/injury log maintained in the student's file.
4. The person who witnessed or was first on the scene of the accident is the person who must complete this form.
5. Call your supervisor to give a verbal report the day the accident occurs.
6. Complete this form within 24 hours of the accident and send it to your supervisor upon completion.