SUNAPEE SCHOOL DISTRICT	EBBB-R

MEDICAL INCIDENT/ACCIDENT REPORT

DIRECTIONS:
In the event of an accident, significant illness or medical emergency in a school (including field trips and extra-curricular activities), a Medical Incident / Accident Report should be completed by the supervisor as soon as possible. It is imperative that the form be completed in detail, signed and dated within 24 hours. This form is to be filed with the school nurse and the school principal must be notified of the incident.

INJURED OR ILL INDIVIDUAL:

Last Name _____ First Name _____ M.I. _____ Sex M / F

Student ____ Grade ____
Employee ____ Position _____
Visitor ____

Home Address:

_____
Street City State Zip Code

INCIDENT INFORMATION:

Date of Illness / Accident _____ Time of Illness / Accident _____ Illness / Accident Location _____
mo. / day / yr. hour / a.m. or p.m.

First Aid Responder

_____
Name Position

DETAILED DESCRIPTION OF THE INCIDENT:

WITNESSSES TO ONSET OF ILLNESS AND / OR ACCIDENT:

1. _____
Name and Title

2. _____
Name and Title

Anatomical Location
____ Abdomen
____ Ankle R / L
____ Arm R / L
____ Back
____ Chest
____ Collarbone
____ Ear R / L
____ Elbow R / L
____ Eye R / L
____ Face
____ Finger
____ Foot R / L
____ Hand R / L
____ Head
____ Knee R / L
____ Leg R / L
____ Mouth
____ Neck
____ Nose
____ Ribs R / L
____ Shoulder R / L
____ Tooth

Cause of Injury
____ Animal
____ Assault / Fight
____ Chemical
____ Choking
____ Collision
____ Drugs
____ Electrical
____ Explosive
____ Fall / Slip
____ Fire
____ Hot Liquid
____ Lifting
____ Pen / Pencil
____ Poison
____ Running / Jumping
____ Sharp Object
____ Thrown Object
____ Other _____

Nature of Injury
____ Abrasion
____ Bite
____ Bruise / Bump
____ Burn
____ Chip
____ Concussion
____ Cut
____ Fracture
____ Laceration
____ Poisoning
____ Pull
____ Puncture
____ Scratch
____ Shock
____ Sprain
____ Wound
____ Other _____

Location
____ Athletic Field
____ Auto / Bicycle
____ Auto / Pedestrian
____ Blacktop
____ Cafeteria
____ Classroom
____ Field Trip
____ Gym
____ Hallway
____ Kitchen
____ Locker Room
____ Parking Lot
____ Playing Field
____ Restroom
____ School Bus
____ Shop
____ Sidewalk

ACTION TAKEN: (Please indicate all that are applicable)

YES	NO	
____	____	Individual sent to Health Office / Athletic Trainer
____	____	Individual seen by nurse
____	____	Emergency contacts notified
____	____	Individual taken home
		If "yes", by whom? _____
____	____	Athletic Director notified, if interscholastic
____	____	Outside medical treatment recommended
____	____	EMS called
____	____	Sought treatment from medical practitioner

Interscholastic
____ Baseball
____ Basketball
____ Cheerleading
____ Soccer
____ Volleyball
____ Skiing
____ Softball

LOCATION OF INTERSCHOLASTIC EVENT:

_____
School

_____
City / Town State

DETAILED DESCRIPTION OF CARE PROVIDED AND BY WHOM:

Report prepared by: _____
Name Position Date

Report prepared by: _____
Name Position Date

Reviewed: March 5, 2014