

Palmerton Area School District

Student Accident Report

Flow Chart

Please print name on top line.
Please put signature under printed name.

Report Prepared By



School Nurse



School Official (Principal)
Principal calls Joe Faenza and Carol Boyce if Emergency or Facility Concern



Safety Rep. for Level
Elem. - (Mrs. Steigerwalt)
Secondary - (Mrs. Husar)



Bus. Office



Pupil Services (Mr. Robert Dailey)



Superintendent if Applicable

_____ (Date)

_____ (Date)

_____ (Date)

Notate if call Mr. Faenza and/or Mrs. Boyce

_____ (Date)

_____ (Date)

_____ (Date)

_____ (Date)

Student Accident Report

Palmerton Area School District

Report Date _____ Building _____

Student Name _____ Grade _____ Age _____ Gender _____

Date / Time of Injury _____

Please put a check mark on the appropriate line.

Accident Location Classroom Playground Gymnasium
 Athletic Field Cafeteria Other _____

Contributing Causes _____

Circle Body Part Injured

Left	Right	Left	Right	
<input type="checkbox"/> Thumb	<input type="checkbox"/>	<input type="checkbox"/> Foot	<input type="checkbox"/>	<input type="checkbox"/> Face
<input type="checkbox"/> Finger	<input type="checkbox"/>	<input type="checkbox"/> Lower Leg	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Hand	<input type="checkbox"/>	<input type="checkbox"/> Knee	<input type="checkbox"/>	<input type="checkbox"/> Head
<input type="checkbox"/> Wrist	<input type="checkbox"/>	<input type="checkbox"/> Upper Leg	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Lower Arm	<input type="checkbox"/>	<input type="checkbox"/> Ankle	<input type="checkbox"/>	<input type="checkbox"/> Back
<input type="checkbox"/> Elbow	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Upper Arm	<input type="checkbox"/>	<input type="checkbox"/> Ear	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Shoulder / Chest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Type of Injury

laceration bruise sprain / strain dislocation fracture
 concussion other (specify) _____

Further Care

Parent notified 911 transport by ambulance
 Sent home with a parent Parent transported to doctor
 Sent home with a relative Parent to transport to ER
 Property damage

Additional Comments

Reported by _____ Principal's Signature / Date _____

Nurse's Signature/Date _____

Business Officer's Signature / Date _____