



# Palmerton Area School District

## Student Accident Report

### Flow Chart

*Please print name on top line and signature under printed name.*

<p><b>Report Prepared By</b></p>	<hr/> <hr/> <p><b>Date:</b> _____</p> <hr/> <hr/>
<p><b>School Nurse</b></p>	<hr/> <hr/> <p><b>Date:</b> _____</p> <hr/> <hr/>
<p><b>School Official (Principal)</b> Principal calls Mr. Faenza and/or Mr. McLaughlin if Facility Concern or Emergency</p>	<p>Circle name/s if you spoke with Mr. Faenza and/or Mr. Mc Laughlin</p> <hr/> <hr/> <p><b>Date:</b> _____</p> <hr/> <hr/>
<p><b>Safety Rep. for Level</b> Elementary - Mrs. Steigerwalt Secondary - Mrs. Husar</p>	<hr/> <hr/> <p><b>Date:</b> _____</p> <hr/> <hr/>
<p><b>Business Office - Mr. Kish</b> (If applicable)</p>	<hr/> <hr/> <p><b>Date:</b> _____</p> <hr/> <hr/>
<p><b>Pupil Services - Mrs. Rentschler</b> (If applicable)</p>	<hr/> <hr/> <p><b>Date:</b> _____</p> <hr/> <hr/>
<p><b>Acting Superintendent</b> Mr. McLaughlin (If applicable)</p>	<hr/> <hr/> <p><b>Date:</b> _____</p> <hr/> <hr/>

# 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	
Thumb		Foot		Face
Finger		Lower Leg		
Hand		Knee		Head
Wrist		Upper Leg		
Lower Arm		Ankle		Back
Elbow				
Upper Arm		Ear		Abdomen
Shoulder		Eye		
Chest		Nose		

## Check Type of Injury

\_\_\_\_\_ laceration \_\_\_\_\_ bruise \_\_\_\_\_ sprain/strain \_\_\_\_\_ dislocation \_\_\_\_\_ fracture  
\_\_\_\_\_ concussion \_\_\_\_\_ burn \_\_\_\_\_ other (specify) \_\_\_\_\_

## Action

\_\_\_\_\_ 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 Office Signature/Date \_\_\_\_\_