Palmerton Area School District

Student Accident Report

Flow Chart

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

Report Prepared By	_____ _____ **Date:**_____
School Nurse	_____ _____ **Date:**_____
School Official (Principal) Principal calls Mr. Faenza and/or Dr. Frankelli if Facility Concern or Emergency	**Circle name/s if you spoke with Mr. Faenza and/or Dr. Frankelli** _____ _____ **Date:**_____
Safety Rep. for Level Elementary - Mrs. Steigerwalt Secondary - Mrs. Husar	_____ _____ **Date:**_____
Business Office - Dr. Lonoconus (If applicable)	_____ _____ **Date:**_____
Pupil Services - Mrs. Rentschler (If applicable)	_____ _____ **Date:**_____
Superintendent - Dr. Frankelli (If applicable)	_____ _____ **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	
	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

_____Sent home with a parent

_____Sent home with a relative

_____911 transport by ambulance

_____Parent transported to doctor

_____Parent to transport to ER

_____Property damage

Additional Comments

_____

_____

_____

Reported by _____Principal's Signature/Date_____

Nurse's Signature/Date _____

Business Office Signature/Date_____

3/2/22