



Palmerston Area School District

Student Accident Report

Flow Chart

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

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

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 _____