



Palmerton Area School District

Student Accident Report

Flow Chart

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

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

	Date: _____

	Date: _____

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

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 _____