

YORK CENTRAL SCHOOL  
ACCIDENT REPORT

STUDENT NAME:		DATE OF INJURY:	TIME:
GRADE:	NAME OF PERSON REPORTING:		

ACCIDENT LOCATION:  Classroom       Playground       Gym (HS, ELEM, AUX)  
 Bus       Field       Other \_\_\_\_\_

CAUSE OF ACCIDENT:  Collision with a person  
 Collision with an obstacle (wall, desk, etc.)  
 Hit with projectile (ball, etc.)  
 Sudden turn, twist or stop  
 Fall  
 Fighting  
 Other, please specify: \_\_\_\_\_

WITNESS: \_\_\_\_\_

BODY PART INJURED:

LEFT		RIGHT	LEFT		RIGHT	LEFT		RIGHT
	UPPER ARM			HEAD			HIP	
	LOWER ARM			FACE			GROIN	
	ELBOW			EYE			UPPER LEG	
	WRIST			NOSE			LOWER LEG	
	HAND			MOUTH			KNEE	
	FINGER			NECK			ANKLE	
	SHOULDER			CHEST			FOOT	
	BACK			ABDOMEN			TOE	

DESCRIPTION OF INCIDENT/NATURE OF INJURY (BE SPECIFIC - MUST COMPLETE):

FIRST AID PROVIDED BY: \_\_\_\_\_ WAS STUDENT ATHLETE SEEN BY A TRAINER? \_\_\_\_\_

Ice       Washed Wound       Kept Immobile

Stopped Bleeding       Splinted       Bandages

Applied Dressing       Applied Sling       Observation

Other (Be Sepcific) \_\_\_\_\_

FURTHER CARE:

Parent Took Home       Parent Took To Doctor       Parent Took To Emergency

Transport From School By Ambulance       Unknown

COMMENTS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please initial:

Nurse  
 Athletic Director (if  
sports related)