ACCIDENT REPORT PHILOMATH SCHOOL DISTRICT 17J DATE:_____ Check this box if a concussion is possible or suspected 1. Injured party should be removed from activity and assessed by a health care BUILDING: professional. 2. Completed Concussion Clearance form is required, with a health care AGE: (Students Only) provider's signature and appropriate administrator's signature, before the student may resume sports or other physical activities, including P.E. SEX: NAME OF INJURED HOME ADDRESS: __ ____PHONE: DESCRIBE INJURY, AND HOW IT OCCURRED: TIME OF ACCIDENT:_____WHERE WHAT FIRST AID WAS ADMINISTERED, IF ANY?____ AFTER TREATMENT WHAT PROCEDURE WAS TAKEN? PARENT CONTACTED KEPT AT SCHOOL PICKED UP BY AMBULANCE PICKED UP BY PARENT CALLED DR'S OFFICE PICKED UP BY ALTERNATE DELIVERED DR'S OFFICE BY STAFF MEM WHO AUTHORIZED THE ABOVE? IF TAKEN TO HOSPITAL, WHICH ONE? NAME OF PHYSICIAN (if applicable): ADDRESS OF PHYSICIAN (if applicable): PHONE # OF PHYSICIAN (if applicable): DID SUPERVISOR-EMPLOYEE WITNESS THE ACCIDENT?______ IF NOT, WHERE WAS EMPLOYEE OR SUPERVISOR WHEN ACCIDENT OCCURRED? NAME AND ADDRESS OF TWO WITNESSES: Name Address ____Address Name GIVE YOUR OPINION AS TO THE CAUSE OF THE ACCIDENT: CARELESSNESS?

Signature & Title of Supervisor ~or~ Employee Completing the Form

Principal's Signature

Supervisor/Employee: Keep one copy for your records, send original to the Building Principal.

• Building Admin Assistant will send the original to the Superintendent's office, with the Principal's signature.

(Use back side for additional remarks and information)

• If a head injury, Building Admin Assistant will also send a copy to the School Nurse.

Athletic Injuries: Turn form in to Athletics Admin Assistant.

- Athletics Admin Assistant will send original to Superintendent's office, with the Principal's signature.
- If a head injury, Athletics Admin Assistant will also send a copy to the School Nurse.