

**ACCIDENT REPORT**  
**PHILOMATH SCHOOL DISTRICT 17J**

DATE: \_\_\_\_\_

BUILDING: \_\_\_\_\_

AGE: (Students Only) \_\_\_\_\_

SEX: \_\_\_\_\_

**Check this box if a concussion is possible or suspected**

1. Injured party should be removed from activity and assessed by a health care professional.
2. Completed Concussion Clearance form is required, with a health care provider's signature and appropriate administrator's signature, before the student may resume sports or other physical activities, including P.E.

**Check this box if there is No concern at this time – initials** \_\_\_\_\_

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 \_\_\_\_\_

PICKED UP BY AMBULANCE \_\_\_\_\_

KEPT AT SCHOOL \_\_\_\_\_

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 \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

GIVE YOUR OPINION AS TO THE CAUSE OF THE ACCIDENT: CARELESSNESS? \_\_\_\_\_

(Use back side for additional remarks and information)

\_\_\_\_\_  
*Employee Completing the Form –or– Signature & Title of Supervisor*

\_\_\_\_\_  
*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.
- 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.