

Candor CSD Accident Report

This form is to be completed, signed, and dated in pen, by the adult supervising the school activity/area where the incident/accident occurred. It **MUST** be submitted to the nurse within 24 hours of the accident/incident.

School Nurse contact – Fax 607-236-6027 Phone - Elementary: 607-607-659-4965 High: 607-659-5225

Name of student _____ DOB _____ Grade _____

Student Address _____

Date of accident _____ time _____ Specific location of accident _____

Type of injury (cut, abrasion, bruise, etc.) _____ Part of body injured _____

Adult witness to accident _____

Activity engaged in (PE, Recess, specific sport, etc.) _____

Describe how the accident occurred _____

First aid rendered _____ By whom _____

After the accident, the student ___ returned to the activity ___ sat and observed ___ went home ___ returned to class ___ was transported to a practitioner ___ was transported to a hospital

Other (describe) _____

Were parents/guardian notified ?

_____ **YES** Name of parent/guardian if notified _____ time notified _____

Notified by whom _____

_____ **NO** Reason why not notified _____

Reporter Name and position _____ Reporter signature _____

Additional remarks _____

Date of Report _____ Date sent to Nurse _____

Signature of Reporter _____