

Accident/Injury Report

St. Paul Lutheran Church, Mt. Vernon, Iowa

(to be completed for any accident or injury that requires parental notification or professional emergency/medical assistance)

Person Injured: _____ Grade: _____ Sex: M F

Date of Injury: ____/____/____ Time: ____ AM PM Birth date: ____/____/____

Location of Accident: Traffic Off site Class Activity Other: _____

Cause of Injury

- Animal Related
- Bite, Animal
- Bite, Human
- Child Behavior Related
- Choking
- Cold/Heat Over Exposure
- Fall/Tripping
- Fall from Height
- Hit or Pushed by Person
- Injured by object
- Medication Error
- Motor Vehicle
- Other:

Visible Injury

- Abrasion
- Bruise/Bump
- Burn
- Cut
- Convulsion
- Dislocation
- Head Injury
- Fracture
- Laceration
- Puncture
- Shock
- Sprain
- Sting/Bite
- Other:

Part of Body Injured

- Abdomen
- Ankle L R
- Arm L R
- Back
- Chest
- Elbow L R
- Eye L R
- Face
- Finger L R
- Foot L R
- Hand L R
- Head
- Knee L R
- Leg L R
- Mouth
- Teeth
- Wrist L R

Head Injury Report

- Headache
- Excessive Drowsiness
- Nausea/Vomiting
- Double Vision, Blurred Vision
- Loss of Muscle Coordination
- Irregular Breathing
- Convulsion
- Ear Bleeding or Discharge
- Other:

Details of Accident (Be specific and detailed):

Immediate Treatment/Action:

First Aid Administered

Police/Emergency Notified

Hospitalized

Put into Parent Custody

Out Patient/Emergency Room

Behavior Intervention

How? _____

First Aid/Treatment/Action by (name of person): _____

Witness: _____

Reported by: _____ Date: ____/____/____

Name of Parent/Legal Guardian notified: _____

Notified by: _____ Time notified: ____ AM PM

Signature: _____ Date: ____/____/____

Complete this section with details obtained in days following event:

Follow-up treatment needed: _____

Contact made with parent: _____

Date: ____/____/____ Person who followed up: _____

Corrective action needed to prevent reoccurrence: _____

Signature of person following up: _____ Date: ____/____/____