

# ACCIDENT NON-STUDENT WORKSHEET

*Please be specific when completing this report.*

NAME \_\_\_\_\_ BUILDING \_\_\_\_\_

ACCIDENT Location \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

INJURY Location \_\_\_\_\_ Possible Type \_\_\_\_\_

**DESCRIPTION OF ACCIDENT: (Describe specifically how accident/injury occurred).**

Patient Description: \_\_\_\_\_

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

Attending Adult or Witness Description: \_\_\_\_\_

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

Attending Adult/Witness Signature \_\_\_\_\_ Principal Signature \_\_\_\_\_

**DESCRIPTION OF INJURY:** \_\_\_\_\_

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

Noted By: \_\_\_\_\_

**ACTION TAKEN: (Please check and comment)**

First Aid Administered: \_\_\_\_\_

\_\_\_\_\_ BY \_\_\_\_\_

Parent/Significant Other Notified:  Yes  Could not reach :: By Whom \_\_\_\_\_ Time \_\_\_\_\_

Suggested:  Physician Care  Emergency Care  Dental Care  Observation by Adult

**DISMISSAL OF NON-STUDENT:**

\_\_\_\_\_ Time returned to \_\_\_\_\_ :: \_\_\_\_\_ Time sent/taken home By whom \_\_\_\_\_

\_\_\_\_\_ Type medical care chosen \_\_\_\_\_ Patient deemed no medical action necessary

Other: (specify) \_\_\_\_\_

Follow-up: \_\_\_\_\_

