

Student Accident Report

1. Name: _____ Sex: M ___ F ___ Date of Birth: _____
 2. Age: _____ Grade: _____ Address: _____
 3. Date of Accident: _____ Time of Day: _____
 4. Parent/Guardian: _____
 5. Does this student have school insurance? Yes _____ No _____
 6. School: _____ Center Number: _____
 7. Was teacher/coach present at accident? Yes _____ No _____
 8. Name of teacher/coach present: _____
 9. Name of witness: _____
 10. How did accident occur? _____

11. Where did accident happen? (Indicate below) Check only one item in each column where applicable.

Location	Anatomical Location	Nature of Injury	To or From School	Physical Education	Interscholastic
Cafeteria	Abdomen	Abrasion	Auto-Bicycle	Basketball	Baseball
Classroom	Ankle	Bite	Auto-Driver	Exercise	Basketball
Corridor	Arm	Bruise	Auto-Passenger	Fitness Test	Cheerleading
School Grounds	Back	Burn	Auto-Pedestrian	Football	Football
Shop	Chest	Concussion	Bicycle-(Fall)	Games	Lacrosse
Restroom	Ear	Dislocation	Motor Scooter	Hockey	Soccer
P.E Activity	Elbow	Fracture	Pedestrian (Fall)	Kickball	Softball
Gymnasium	Eye	Laceration	Post-School	Softball	Swimming
Playground	Face	Puncture	Pre-School	Soccer	Tennis
Parking Lot	Finger	Sprain	School Bus	Speedball	Track & Field
Locker Room	Foot	Strain	Unsupervised	Track & Field	Weightlifting
Athletic Field	Hand	Tooth : Broken.... Chipped..... Knocked out..... Loosened....	Other	Volleyball	Wrestling
Track	Head			Unorganized Activity	Other
Other	Knee			Other	
	Leg				
	Mouth			Other	
	Neck				
	Nose				
	Shoulder				
	Toe				
	Wrist				
	Other				

12. Treatment: First Aid Only: _____ Emergency Room: _____ Family Physician _____
 13. Were Parents Notified? Yes _____ No _____ Should Further investigation be taken? _____
 Comments: _____
 14. Person Making Report: _____ Date of Report: _____

Send Original: Wanda Menendez,
 School: Keep Copy

Monroe County School District
 241 Trumbo Rd
 Key West, FL 33040