Perquimans County Schools Guest/Non-Employee Incident/Accident Report

Injured Party's Full Name: _____ Date of Birth:_____

Parent/Guardian Name: _____

Address: _____ SSN:_____ Gender _____

Home Phone: _____ Cell Phone:_____ Work Phone:_____ Email:_____

Date: _____ Time of Accident: _____ Site/School Accident Occurred: _____

**The information provided is accurate to the best of my knowledge. I understand this report is for record purposes only and does not constitute the admission of liability on the part of the school system or any employee thereof. _____

signature *date*

----------For Official Use Only----------

Place of Incident

___ Bus # _____
___ Classroom
___ Hallway
___ Lunchroom
___ Media Center
___ Office
___ P.E. Class / Gym
___ Play/School Grounds
___ Restroom
___ Other _____

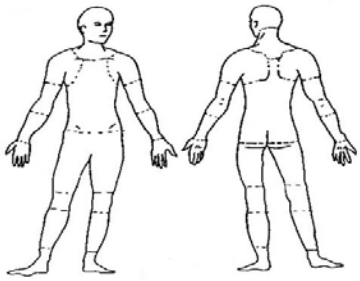
Nature of Incident/Emergency

___ Anaphylaxis (Severe Allergic Reaction)
___ Back Injury
___ Dental Injury
___ Eye Injury
___ Fracture
___ Head Injury
___ Heat/Cold Related
___ Laceration/Cut
___ Mental Health
___ Respiratory
___ Sprain/Strain
___ Other _____

Body Part Injured

___ Abdomen
___ Ankle
___ Arm
___ Back
___ Chest
___ Ear
___ Elbow
___ Eye
___ Face
___ Foot
___ Hand
___ Head
___ Knee
___ Leg
___ Mouth
___ Nose
___ Teeth
___ Wrist

Body Part Affected:(shade injured area)



Describe In Detail Incident and/or Injury:

_____
_____
_____
_____
_____

List of Witnesses to Accident/Incident:

Name:_____ Home Phone:_____ Cell Phone:_____

Address:_____ City:_____ State:_____ Zip Code:_____

Name:_____ Home Phone:_____ Cell Phone:_____

Address:_____ City:_____ State:_____ Zip Code:_____

Name:_____ Home Phone:_____ Cell Phone:_____

Address:_____ City:_____ State:_____ Zip Code:_____

Corrective Actions Taken (Use additional sheets if needed):

_____
_____
_____

Was the responder exposed to blood or body fluids? ___Yes ___ No
Was the responder wearing personal protective equipment? ___Yes ___ No
Required immediate care by a physician/dentist/EMS? ___Yes ___ No

Signature of Person Completing Form: _____ Date: _____
Principal Signature: _____ Date: _____
Finance Officer Signature: _____ Date: _____

Copies (1) Principal, (2) Superintendent, (3) School Nurse (4)District Safety Coordinator

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