# Perquimans County Schools Student Incident/Accident Report

Name _____ Age _____

School _____ Teacher _____ Grade _____

Date _____ Time _____ Person Completing Report _____

| Place of Incident | | Nature of Incident/Emergency | | Body Part | | | |
|---|---|---|---|---|---|---|---|
| Bus | | Anaphylaxis | | | Abdomen | | |
| Classroom | | Back Injury | | | Arm | | |
| Hallway | | Dental Injury | | | Back | | |
| Lunchroom | | Eye Injury | | | Chest | | |
| Media Center | | Fracture | | | Ear | | |
| Office | | Head Injury | | | Elbow | | |
| PE Class/Gym | | Heat/Cold Related | | | Eye | | |
| Play/School Grounds | | Laceration/Cut | | (Chin) | Face | | |
| Restroom | | Mental Health | | | Foot | | |
| Other | | Respiratory | | | Hand | | |
| | | Sprain/Strain | | | Head | | |
| | | Other | | | Knee | | |
| | | | | Front | | Leg | |
| | | | | Back | | Mouth | |
| | | | | Right | | Nose | |
| | | | | Left | | Teeth | |
| | | | | | | Wrist | |

Describe Incident and/or Injury

Cause of Injury

Corrective Action Taken (Use additional sheets if needed)

| | Yes | No |
|---|---|---|
| Was blood or other body fluid present? | | |
| Was the responder exposed to blood or body fluids? | | |
| Was the responder wearing personal protective equipment? | | |
| Was this an exposure Incident? | | |
| Were the parents notified? *Called and informed mom 2:00pm* | | |
| Required immediate care by a physician/dentist/EMS? | | |
| Did child lose 1/2 or more days of school? | | |

Additional Comments

Signature of Persons completing form and/or First Responder

Principal Signature

J. Davison 01-02-17