

Perquimans County Schools Student Incident/Accident Report

Name _____ Age _____

School _____ Teacher _____ Grade _____

Date _____ Time _____ Person Completing Report _____

Place of Incident

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

Nature of Incident/Emergency

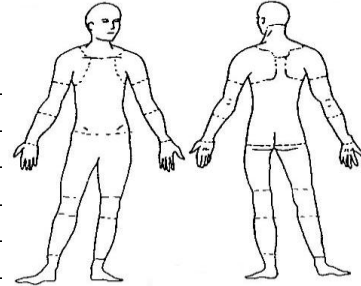
- ___ Anaphylaxis (Severe Allergic Reaction)
- ___ Back Injury
- ___ Dental Injury
- ___ Eye Injury
- ___ Fracture
- ___ Head Injury
- ___ Heat/Cold Related
- ___ Laceration/Cut
- ___ Mental Health
- ___ Respiratory
- ___ Sprain/Strain
- ___ Other _____

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 Incident and/or Injury:



Cause of Injury:

Corrective Actions Taken (Use additional sheets if needed):

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

Signature of Persons completing form and/or First Responder

Principal Signature: _____