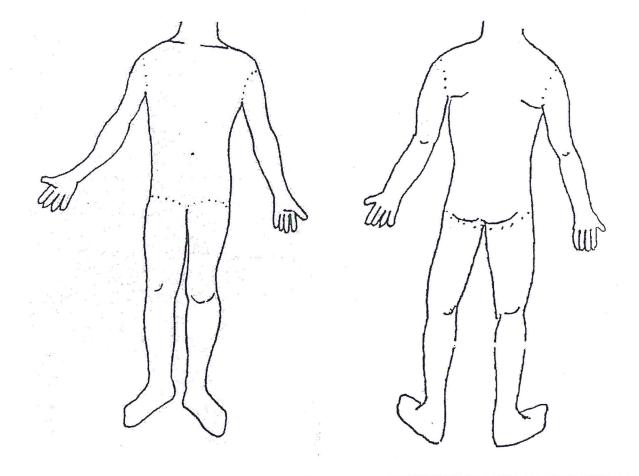
Newburg RII school district ACCIDENT/INCIDENT REPORT FOR STUDENTS AND NON-EMPLOYEES

School				Date	Student ID#	f
Student Name				Grade	Date of Birth	
Address				Phone		
Accident Occurred: Time	:			,		-
1) Place Occurred:	School Building	Sch	ool Grounds _		Before or after School	
Home	Between classes		Lunch		Other/off campus	
2) Who was in charge w	hen accident occurred?					(name, title)
Present at time of acc	cident?	Yes	No	Not Aplica	able	_
3) What action was take	n immediately?	Called 9	11	Physician Re	ferral	_
First-Aid Treatment	Se	ent to School Nurse		Sent hom	e w/ parent/guardian	
(Provide documentat	ion in chronological ord	er of what actions	took place)			
4) Who took this action?	(name, title)					
5) Was parent/guardia	an notified?	Yes	No	By W	/hom	
Name of ir	ndividual notified			Date		Time
6) Nature of Injury:						-
Abrasion	Bruise			(F)	\bigcirc	
Burn	Concussion					
Cut	Fracture(s)				(1)	
Laceration	Puncture			15-71		
Scratches	_			()} (()	17/~~ (17)	l
Other	Unknown			41(7)	7// (/)	4,1
List Symptoms:	_			Right Lo	eft Left F	Right
List symptoms:				\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	1 10 / 10	g.n
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				لسالسا	40	
How did the accident ha	nnen? What was the st	udent/nerson doin	 g? What tools	or equipment was b	eing used? What uns	afe acts, or unsafe
conditionss, if any, were	A. 7	adent, person doni	6. What tools	or equipment was s	cing asca. What ans	are dots) or ansare
					•	
	*					
7) Type of Activity	Athletics		Intramural _		PE	Recess
	Other_					
8) Remarks/Comme	ents:					
9) Reported By:					on	(M/D/Y)

HEALTH SERVICES Physical Condition Statement

Date:	Time:	Student's Name:			
Signature and	Position of Person Ma	king Report:			
School:		Place of Observation:			

Front View	Side View
Comments and Description of Injury:	Comments and Description of Injury:



Front View	Back View
Comments and Description of Injury:	Comments and Description of Injury:
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