

CAPE ELIZABETH SCHOOL DEPARTMENT
Report of STUDENT ACCIDENT/INJURY/MEDICAL EVENT

INJURED/ILL STUDENT INFORMATION

First Name: _____ Last Name: _____
DOB: _____ Grade: _____ School Attending: _____
Parent/Guardian Name: _____ Phone #: _____
Address _____

ACCIDENT/INCIDENT INFORMATION

Was the event due to practice or play of extracurricular sports? Yes _____ No _____

Date of Event: _____ Time of Event: _____

Location of Event (be specific): _____

Teacher/Staff or Coach present: _____

Other Student(s) involved: _____

Witnesses: _____

If accident/injury/medical event was reported after-the-fact, when was first notice received [mm/dd/yy]: _____

Description of cause and how the accident/injury/medical event occurred:

NATURE OF INJURY/ILLNESS:

_____ Skin wound _____ Sprain/strain _____ Fracture/Dislocation
_____ Head Injury/ Concussion _____ Dental Injury _____ Eye Injury
_____ Medical Condition (cardiac, diabetic, severe allergy) _____ Other: _____

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Please circle effected body part and indicate Right/Left as appropriate:

Ankle, Arm, Back, Chest, Collar Bone, Elbow, Eye, Face, Finger, Foot, Hand, Head, Hip,
Knee, Leg, Lip, Mouth, Neck, Nose, Shoulder, Stomach, Tooth, Wrist,
Other – please specify: _____

What immediate action was taken in response to the accident/injury/medical event?

Please circle all that apply: Ice, pressure, elevation, dressing, fluids, eyewash,
supine reset, other _____

ACTION/TREATMENT/NOTIFICATION

Treatment given by: _____

Notification:

Name of Parent/Guardian/Other contacted: _____ Time: _____

Staff person notifying: _____

Continued Action:

____ Transport from scene by ambulance
____ Parent took home
____ Parent took to Hospital/ER
____ Parents took to specialist (dentist, PT, etc.)
____ No further care needed
____ Other:

Follow-up: _____

Reporter must sign a hard copy of this form in the Main Office by the end of the next school day.

Printed Name of Reporter Completing form: _____

Role/Position of reporter: _____

Signature: _____

If Reporter is coach, what extra curricular (sport) was involved? _____

Fwd Signed original to: _____ Business Office

Fwd Copies to: _____ Bldg. Principal _____ Bldg. Health Office

If applicable forward to Athletic Office,
Community Services, Director of Special Ed.