

GIBSON SOUTHERN HIGH SCHOOL

ACCIDENT REPORT

DATE:

NAME: GRADE: 9 10 11 12
 HOME ADDRESS: A.M. P.M. DATE OF INJURY:

LOCATION: athletic field dressing room locker room
 auditorium field house shop
 classroom gymnasium showers
 corridor home ec. other(specify)

SPORT: baseball golf track
 basketball football volleyball
 cross country practice wrestling
 game tennis other(specify)

COACH OR TEACHER IN CHARGE: Present? yes no

BODY PART INJURED:
 abdomen chest head nose
 ankle ear hip ribs
 arm elbow knee scalp
 upper arm eye leg shoulder
 forearm face thigh teeth
 back finger lower leg thumb
 upper back foot mouth wrist
 lower back hand neck OTHER

TYPE OF INJURY:
 burn fracture laceration strain
 concussion open wound puncture or pull
 contusion abrasion separation
 dislocation incision sprain OTHER

COMMENTS AS TO HOW ACCIDENT OCCURRED

BY

DISPOSITION:

first aid seen by school nurse
 seen by team physician (name) by:
 referred to family physician(name) by:
 referred to specialist (name) by:
 sent to local hospital(name) by:
 parent, guardian, or individual notified
 When? how? by:

REMARKS: What recommendations do you have
 for preventing other accidents of this type?

Teacher or Coach
 Nurse
 Principal
 School: Gibson Southern High School