

Name _____
School _____
Interscholastic Athletics: Yes _____ No _____

**DENVER PUBLIC SCHOOLS
PUPIL ACCIDENT REPORT**

NAME _____	(Last) _____	(First) _____	ACCIDENT DATE _____
HOME ADDRESS _____			TIME _____ A.M. _____ P.M. _____
MOTHER OR GUARDIAN _____			
ADDRESS _____	PHONE _____		(Home) _____ (Work) _____
FATHER OR GUARDIAN _____			
ADDRESS _____	PHONE _____		(Home) _____ (Work) _____

PUPIL; PARENT; OTHER (Specify) _____

SEX: M F GRADE _____ AGE _____ SCHOOL _____

ACCIDENT JURISDICTION (Check One)

SCHOOL:

AUDITORIUM
 GROUNDS
 CAFETERIA
 CLASSROOM

CORRIDOR
 DRESSING ROOM
 GYMNASIUM
 HOME ECONOMICS

LABORATORIES
 POOL
 REST ROOM
 SHOP

SHOWERS
 STAIRS
OTHER (Specify) _____

OTHER DENVER PUBLIC SCHOOL JURISDICTION (Specify) _____

Length of time to contact parents/guardians _____

NON-SCHOOL: HOME TO AND FROM BICYCLE TRAFFIC BUS

NATURE OF INJURY

ABRASION
 AMPUTATION
 ASPHYXIATION
 BITE
 BRUISE

BURN
 CONCUSSION
 CUT
 DISLOCATION
 FRACTURE

LACERATION
 POISONING
 PUNCTURE
 SCALD
 SCRATCH

SHOCK (EI)
 SPRAIN
OTHER (Specify) _____

ABDOMEN
 ANKLE
 ARM

BACK
 CHEST
 EAR

ELBOW
 EYE
 FACE

FINGER
 FOOT
 HAND

HEAD
 KNEE
 LEG

MOUTH
 NOSE
 SCALP

PART OF BODY INJURED (Indicate Left or Right)

ABDOMEN

BACK

ELBOW

FINGER

HEAD

MOUTH

TOOTH

ANKLE

CHEST

EYE

FOOT

KNEE

NOSE

WRIST

ARM

EAR

FACE

HAND

LEG

SCALP

OTHER (Specify) _____

DESCRIPTION OF THE ACCIDENT

Describe fully how accident occurred and what person was doing at the time:

List specifically the tool, machine, equipment, game, or activity most closely connected with the accident:

Teacher or supervisor in charge: _____

Present at scene of accident: Yes _____ No _____

Witnesses: Name _____ Address _____

Name _____ Address _____

IMMEDIATE ACTION TAKEN

First aid treatment by _____ Sent home by _____

Sent to school nurse by _____ Sent to physician: Dr. _____

Sent to hospital: Name _____

Name and relationship of person notified _____

Contact(s) attempted _____ Time contacted _____

FOLLOW-UP REPORT (Complete before mailing copies as marked)

Number of school days missed _____

Signed: Principal _____

Teacher _____

Supervisor _____