Deerfield Community School District

STUDENT ACCIDENT/INJURY FORM

Student Name: ______________________ Grade: ______ Teacher/Class: ______________ Date: ______________

Time In: ______________ Time Returned to Class: ______________ Time Student went home: ______________

Problems/Complaint:	***Observations:***	***Action Taken:***	***Injury occurred in:***
☐ Bump ______	☐ Bruise	☐ Oral Temperature ______	☐ Athletic field/Playground
☐ Cut ______	☐ Bleeding	☐ Cleaned/Bandaged	☐ Gym
☐ Abrasion/Scrape ______	☐ Swelling	☐ Antibiotic ointment applied	☐ Classroom
☐ Nose Bleed	☐ Crying	☐ Hydrocortisone cream applied	☐ Cafeteria
☐ Toothache	☐ Flushed	☐ Ice Pack	☐ Hallway/Locker
☐ Headache/ Migraine	☐ Pale	☐ Rest	☐ Other ______
☐ Sore Throat	☐ Coughing	☐ Called Parent/Guardian/Other	
☐ Earache (R or L)	☐ Rash	______ (Name of person contacted)	
☐ Itching	☐ Wheezing	______ (Time called)	
☐ Nausea	☐ Vomiting	☐ Left message at home/cell/work	
☐ Diarrhea	☐ Lice/Nits	☐ No answer home/cell	
☐ Stomach hurts/cramps	☐ No apparent injury/illness	☐ Seen by Registered Nurse	
☐ Difficulty breathing/short of breathes		☐ Medication given ______	
☐ Fall			
☐ Fainted/Dizziness			
☐ Burn			
☐ Complaint of pain (location) ______			
☐ Injury ______			
☐ Other ______			

Additional Comments: ____

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This form was completed by: ______________________ Date: ______________

If your student is taken to the doctor due to an injury that happened at school and supplemental insurance is needed, an Accident Claim Form may be picked up from the main office. All claims are the responsibility of the parent/guardian.