



**BYRON-BERGEN CENTRAL SCHOOL**

6917 West Bergen Road  
Bergen, NY 14416-9747  
(585) 494-1220  
Fax Number (585) 494-2613

**Accident/Incident Report Form**

\_\_\_\_\_ was injured on \_\_\_\_\_ DOB \_\_\_\_\_ Grade \_\_\_\_\_  
(Print Student/Staff Name) (date and time)

**PLACE WHERE INJURY OCCURRED:**

- Home School
- Locker Area
- Away School
- Phys. Ed. Class
- Field/Court
- Playground
- Bus
- Other \_\_\_\_\_

**BODY INJURY SITE:**

- Head
- Ear
- Eye
- Nose
- Mouth
- Tooth
- Jaw
- Neck
- Chest
- Rib
- Back
- Abdomen
- Genitals
- Extremity (specify below)
  - Left
  - Right

**ACTIVITY:** \_\_\_\_\_

**SPORT:** \_\_\_\_\_

- Varsity
- Girls
- Junior Varsity
- Boys
- Modified
- Co-Ed

**Upper**

- Shoulder
- Arm
- Elbow
- Hand
- Wrist
- Finger # \_\_\_\_\_  
(thumb, #1, pinky #5)

**Lower**

- Hip
- Thigh
- Knee
- Shin
- Ankle
- Foot
- Toe  
(big toe #1, baby toe #5)

**TYPE OF INJURY:**

- Fall
- Altercation
- Collision
- Human Bite
- Other (specify): \_\_\_\_\_

**OBSERVATIONS/COMMENTS:** \_\_\_\_\_

**WAS THERE A TRANSFER OF BLOOD OR BODY FLUID?**  Yes  No

(IF "YES" IS INDICATED, PARENTS/STAFF MEMBER MUST CONTACT THEIR PRIVATE PHYSICIAN TODAY TO DISCUSS NEED FOR FURTHER CARE.)

**FIRST AID RENDERED:**

- None
- Cleaned & Bandaged
- Elastic Bandage
- Ice
- Returned to Class
- Rest & return to play/activity
- Rest & restricted from further play/activity
- Other (specify): \_\_\_\_\_

**INDIVIDUAL WAS DISCHARGED:**

- Home on regular bus/car
- Transported by ambulance to hospital
- Picked up by parent/guardian
- Other (specify): \_\_\_\_\_
- Family/Parents notified
- Method of Notification (specify): \_\_\_\_\_

Recommendation(s) to Individual/Parent/Student: \_\_\_\_\_

**ACTION OR RECOMMENDATION (TO PREVENT FUTURE ACCIDENT/INCIDENT):** \_\_\_\_\_

**THIS FORM WAS COMPLETED BY THE SUPERVISING STAFF MEMBER WHO IS NOT A PHYSICIAN.**

Signature/Date: \_\_\_\_\_ Principal Signature/Date: \_\_\_\_\_

**SCHOOL NURSE FOLLOW-UP**

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature/date \_\_\_\_\_

cc: School Nurse (original), Athletic Director, Athletic Trainer, Business Office