



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
- Junior Varsity
- Modified
- Girls
- Boys
- 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
- Collision
- Other (specify): _____
- Altercation
- Human Bite

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
- Rest & return to play/activity
- Other (specify): _____
- Cleaned & Bandaged
- Rest & restricted from further play/activity
- Elastic Bandage
- Ice
- Returned to Class

INDIVIDUAL WAS DISCHARGED:

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