



MILLINOCKET SCHOOL DEPARTMENT

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STUDENT ACCIDENT REPORT FORM

Student's Name: _____ Grade: _____
School: _____ Date of Injury: _____

Name of person reporting accident/injury: _____

Place of accident/injury (i.e., gym): _____

Describe the specific activity and how the injury occurred: _____

Describe the body part(s) injured and assessment of injury (i.e, bruise, bleeding): _____

Referred to (please check one):

____ School Nurse: _____
(Name)

____ Hospital: _____
(Name)

____ Physician: _____
(Name)

____ Ambulance: _____
(Name)

School Nurse/Administration Follow-up: _____

For Office Use Only:

Copy to Principal's Office _____ Copy to School Nurse _____ Copy to AD _____
(Date) (Date) (Date)

CONFIDENTIAL INFORMATION - TO BE FILED IN STUDENT'S HEALTH FILE