

**Boone County Schools
Student Services Division
School Health Services Department**

Accident / Incident Report

Name: _____ Student ____ / Staff ____ /Other ____ (specify): _____

Address: _____ Telephone: _____

School or department where incident/accident occurred: _____

Date of incident: _____ Time of incident: _____

Place of accident/incident (be specific): _____

Describe events leading to injury/incident: _____

Type of injury (describe): _____

Emergency care given: _____

Emergency care provided by: _____

Parent notified/attempts made: _____ Left school with parent

Sent to hospital by squad Returned to class School nurse notified Other _____

Supervised by: _____
(name of staff member(s) under whose supervision the accident/incident occurred)

Recommended follow-up /Medical Referral _____

Witnesses (name, address, phone no.) _____

(Submitted by)

(Date)

Follow up (if applicable) _____

The original report is to be maintained in the student's file for 5 years and may then be destroyed; report for employee/other persons is to be sent to the District Health Coordinator's office and maintained in a file for 5 years and may then be destroyed.

Boone County Schools
Student Services Division
School Health Services

Report to Parent of Head Injury

Name: _____ Address: _____

Phone Number: _____ Grade: _____ School: _____

Date of incident: _____ Time of incident: _____

Place of incident (be specific): _____

Dear Parent/Guardian:

Your child, _____, was involved in an accident today and has suffered a suspected head injury. The following events occurred: _____

Describe the area of the head involved/type of injury observed: _____

Detail the emergency care provided and the child's condition at school: _____

Was there a loss of consciousness: Yes No Temp: _____ Pulse: _____ Respirations: _____

Please consult your child's health care provider regarding any recommended follow-up.

Listed below are symptoms which may occur requiring immediate medical attention:

- Weakness of either arm or leg
- Vomiting
- Increased drowsiness or hyperactivity
- Slowing or pulse, or a rapid weak pulse
- Continued headache
- Stiffness of the neck

- Blood or clear fluid dripping from ears or nose.
Do not blow a bloody nose or attempt to clean blood from ears or nose.
- Seizures
- A change in temperature
- Difficulty with speech

Unable to contact by phone

As discussed by phone

School nurse or Staff Support/Health

**PLEASE SIGN AND RETURN THIS FORM TO SCHOOL THE FOLLOWING DAY OR
WHEN THE STUDENT RETURNS TO SCHOOL.**

Parent/guardian signature

Date