

Watertown Public Schools Health Services  
Accident / Incident Report (Circle one)

Date: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  Male  Female  
Parent/Guardian Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Parent/Guardian Address: \_\_\_\_\_

Interscholastic Sport Injury?  Yes  No      Parent Notified?  Yes  No  
Sport: \_\_\_\_\_  
Coach's Name: \_\_\_\_\_

Accident/Incident first reported to: \_\_\_\_\_ Date: \_\_\_\_\_

Time reported: \_\_\_\_\_ Did the above person witness accident/incident:  Yes  No

Name of witness: \_\_\_\_\_

Describe accident/incident including date/time/exact location: \_\_\_\_\_  
\_\_\_\_\_

If injury and/or pain, name part of body involved: \_\_\_\_\_  
 Right Extremity     Left Extremity

Action or first aid by first person to receive or witness report: \_\_\_\_\_  
\_\_\_\_\_

Nursing assessment done by: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Assessment: \_\_\_\_\_  
\_\_\_\_\_

Management: \_\_\_\_\_  
\_\_\_\_\_

Person seen by M.D.:  Yes  No      Diagnosis: \_\_\_\_\_      # of days lost from school: \_\_\_\_\_  
Physician Name/Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Nursing management upon return to school: \_\_\_\_\_

Nurse Signature: \_\_\_\_\_      Principal Signature: \_\_\_\_\_

**Procedure for Reporting Accidents and Incidents**  
1. In case of serious accident/incident, notify Superintendent and Assistant Superintendent.  
2. This form is to be filled out on day of report and completed to submit in 72 hours.  
3. A copy of this form is sent to the Assistant Superintendent of Curriculum and Special Services.