

HAVERHILL HEALTH DEPARTMENT
SCHOOL HEALTH SERVICES/HAVERHILL PUBLIC SCHOOLS
Accident/Incident Report

School: _____

Student Name: _____ Age: _____ Sex: _____

Grade: _____ Homeroom: _____ Teacher: _____

Date: _____ Time: _____ Location of Incident: _____

Witness/Person in attendance: _____

How did it happen? _____

Nurse Notified: _____ Time: _____

Parent Notified: _____ Time: _____ How notified: _____ If not, why? _____

Witness: _____ Date: _____
(Signature)

Nurse's Documentation

Nature of injury: _____

Treatment provided by nurse: _____

Disposition: _____

Dismissed to: _____

Parent Notified: _____ Time: _____ How notified: _____ If not, why? _____

Physician notified: _____ Time: _____ By whom: _____

Nurse's signature: _____ Date: _____

Principal's signature: _____ Date: _____

Copy to Central Office: _____ Date: _____

Copy to Health Services Department: _____ Date: _____

Copy kept at school: _____ Date: _____