

Hamburg School District

30 Linwood Avenue

Hamburg, New Jersey 07419

EMPLOYEE ACCIDENT REPORT

Whenever a pupil is injured in the school building, on school grounds or at any other place or time under school supervision, and responsibility, this report is to be filled out by the teacher in charge and by the school nurse.

Section A: Completed by Teacher

Student Name _____ Address _____

Age _____ Grade _____ Date of Accident _____

Date and Time of Accident _____

Location of Accident _____

Description of Accident _____

Date of Report _____

Signature of Teacher

Section B: Completed by Nurse

Extent of Injury _____

Medical Procedure Followed _____

Parent Contact (date and time) _____

Date of Report _____

Signature of Nurse

Follow-up _____

____ Employee stayed in school

____ Employee was sent or taken home

____ Employee was sent or taken to doctor or hospital