

LYONS CENTRAL SCHOOL DISTRICT ACCIDENT/INCIDENT PARENT NOTIFICATION FORM

_____ was injured on _____ at _____ ☐ AM ☐ PM.

Please be advised:

Place Where Injury Occurred:

- | | |
|--|--|
| <input type="checkbox"/> Home School | <input type="checkbox"/> Locker Area |
| <input type="checkbox"/> Away School | <input type="checkbox"/> Field/Court/Gym |
| <input type="checkbox"/> Bus/Bus stop | <input type="checkbox"/> Classroom/Hall |
| <input type="checkbox"/> Playground | <input type="checkbox"/> Cafeteria |
| <input type="checkbox"/> Other (<i>specify</i>): _____ | |

Body Injury Site:

- | | | | |
|------------------------------------|--|--------------------------------|----------------------------------|
| <input type="checkbox"/> Head | <input type="checkbox"/> Ear | <input type="checkbox"/> Eye | <input type="checkbox"/> Nose |
| <input type="checkbox"/> Mouth | <input type="checkbox"/> Tooth | <input type="checkbox"/> Jaw | <input type="checkbox"/> Neck |
| <input type="checkbox"/> Chest/Rib | <input type="checkbox"/> Face | <input type="checkbox"/> Back | <input type="checkbox"/> Abdomen |
| <input type="checkbox"/> Genitals | <input type="checkbox"/> Extremity (<i>specify below</i>): | | |
| | <input type="checkbox"/> Left | <input type="checkbox"/> Right | |

Activity:

Sport:

- | | |
|-----------------------------------|--|
| <input type="checkbox"/> Varsity | <input type="checkbox"/> Girls <input type="checkbox"/> Boys <input type="checkbox"/> Coed |
| <input type="checkbox"/> JV | <input type="checkbox"/> Interscholastic |
| <input type="checkbox"/> Modified | <input type="checkbox"/> Intramural |

Type of Injury:

- | | |
|--|--------------------------------------|
| <input type="checkbox"/> Fall | <input type="checkbox"/> Altercation |
| <input type="checkbox"/> Collision | <input type="checkbox"/> Human Bite |
| <input type="checkbox"/> Other (<i>specify</i>): _____ | |

Upper:

- ☐ Shoulder
- ☐ Arm
- ☐ Elbow
- ☐ Hand
- ☐ Wrist
- ☐ Finger # ____

Lower:

- ☐ Hip
- ☐ Thigh
- ☐ Knee
- ☐ Shin
- ☐ Ankle
- ☐ Foot
- ☐ Toe # ____

(Thumb = #1) (Pinky = #5) (Big toe = #1) (Baby toe = #5)

Observations:

- | | |
|--|--|
| <input type="checkbox"/> Headache | <input type="checkbox"/> Memory problems |
| <input type="checkbox"/> Confusion | <input type="checkbox"/> Loss of consciousness |
| <input type="checkbox"/> Nausea/vomit | <input type="checkbox"/> Vision double/fuzzy |
| <input type="checkbox"/> Balance/dizzy | <input type="checkbox"/> Light/noise sensitivity |

WHAT HAPPENED?

- | | |
|--|--|
| <input type="checkbox"/> Deformity | <input type="checkbox"/> Point of tenderness |
| <input type="checkbox"/> Discoloration | <input type="checkbox"/> Swelling |
| <input type="checkbox"/> Weakness | <input type="checkbox"/> Loss of sensation |
| <input type="checkbox"/> Slow speech | <input type="checkbox"/> Laceration |

Did all symptoms resolve? ☐ YES after ____ min. /hr. ☐ NO

WAS THERE A TRANSFER OF BLOOD OR BODY FLUID BETWEEN PEOPLE? ☐ YES ☐ NO

(IMPORTANT: IF YES, PARENTS *MUST* CONTACT THE PRIVATE PHYSICIAN TODAY TO DISCUSS NEED FOR FURTHER CARE. ALL HEAD, NECK, FACE, EYE, SPINE INJURIES OR OTHER INJURIES WITH PERSISTENT SYMPTOMS WARRANT DISCUSSION/EVALUATION BY OWN DOCTOR.

First Aid Rendered:

- | | | |
|--|---|---|
| <input type="checkbox"/> None | <input type="checkbox"/> Cleaned and Bandaged | <input type="checkbox"/> Rest and return to play/activity |
| <input type="checkbox"/> Ice | <input type="checkbox"/> Elastic Bandage | <input type="checkbox"/> Rest and restricted from further play/activity |
| <input type="checkbox"/> Other (<i>specify</i>): _____ | | |
- (Mandatory for all injuries with any symptoms until cleared by own doctor.)

Student Was Discharged:

- | | |
|---|---|
| <input type="checkbox"/> Home on regular bus/car | <input type="checkbox"/> Transported by ambulance to hospital |
| <input type="checkbox"/> Picked up by parent/guardian | <input type="checkbox"/> Other (<i>specify</i>): _____ |

Recommendations:

- ☐ Please call me as needed at _____
- ☐ Please call the School Nurse on THE next OF school day at 946-2200 ext. 2504 to advise her of students condition.
- ☐ Comments: _____

Even minor injuries need to be watched carefully. Please observe your child for further problems and call your own doctor as necessary. This form has been completed by a non-physician or non-nurse who has not diagnosed or treated your child.

Signature/Title: _____

Date: _____

SCHOOL NURSE FOLLOW-UP

Comments:

Signature: _____ Date: _____

Copies to:

- ☐ School Nurse
- ☐ Parents
- ☐ Athletic Director