**Cairo American College**

**Accident Report Form**

Name Sex Age School Date

Time Accident Occurred: A.M**.** P.M

Exact Location of Accident :

Name of Person reporting.

**CAUSE OF ACCIDENT:**

Collision with person\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Collision with obstacle ( i.e. fence, goalpost)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hit with projectile (i.e..ball)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Slip, Trip, Fall \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fighting \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Other:

Contributing Causes:

**DESCRIPTION OF INJURY:**

**TYPE OF INJURY SUSPECTED:**

Bite Burn Bruise

Concussion Fracture Laceration Poisoning

Sprain Shock Dislocation Other

**FIRST AID GIVEN:**

**FURTHER CARE:**

Parent took home \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent took to doctor:

Contact person took home \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent took to E.R./ Hospital \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Transport from CAC by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ADDITIONAL REMARKS / RECOMMMENDATIONS FOR PREVENTION:**

Revised Aug. 2017. CG