

**Montoursville Area School District**  
**Accident Report**

*(Original to District Office, Copy to Nurse, Copy to Building Principal)*

1. Student Name: \_\_\_\_\_
2. School:     High School     Middle School     Lyter     Loyalsock Valley
3. Sex:        \_\_\_\_\_
4. Age:        \_\_\_\_\_
5. Grade:     \_\_\_\_\_
6. Date of Accident:        \_\_\_\_\_
7. Time of Accident:        \_\_\_\_\_
8. Type of Injury: \_\_\_\_\_
9. Cause of Injury: \_\_\_\_\_
10. Exact location of accident: \_\_\_\_\_
11. Activity engaged in by injured person:
  
12. Factors contributing to accident:
  
13. Name of staff/faculty in charge when accident occurred:  
\_\_\_\_\_
14. Name of parent/guardian notified: \_\_\_\_\_
15. Time of notification:        \_\_\_\_\_
16. Method of notification:        \_\_\_\_\_
17. By whom notified: \_\_\_\_\_
18. Seen by nurse:     Yes     No
19. First aid treatment:
  
20. Further treatment recommended:     Yes     No  
Student sent to:         Physician         Emergency Room
21. Follow up:

\_\_\_\_\_  
Principal's Signature

\_\_\_\_\_  
Nurse/Teacher Signature