

**North Hunterdon High School Health Office**  
1445 Route 31, Annandale, NJ 08801  
**STUDENT ACCIDENT/ INCIDENT REPORT**  
**Part A (Student to complete this section)**

Name \_\_\_\_\_ ID Number \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_ Gender: M / F

School District : North Hunterdon / Voorhees Regional High School Date of Birth \_\_\_\_\_

Mailing Address \_\_\_\_\_

Name of Parent/Guardian \_\_\_\_\_ Phone #'s Cell: (\_\_\_\_) \_\_\_\_\_  
H/W: (\_\_\_\_) \_\_\_\_\_

Date of Accident/Incident \_\_\_\_\_ Date reported: \_\_\_\_\_

Time of Accident/Incident \_\_\_\_\_ AM PM Location \_\_\_\_\_

Name of Teacher or Staff Member present \_\_\_\_\_

NHHS Sports related? Yes No Name of sport \_\_\_\_\_ Coach's name \_\_\_\_\_

Did injury occur during Physical Education Class? Yes No Activity: \_\_\_\_\_

Description of Accident: \_\_\_\_\_

\_\_\_\_\_

**Part B (School Nurse / Athletic Trainer to complete this section)**

Nature of Injury:  
\_\_\_\_ Abrasion \_\_\_\_ Laceration \_\_\_\_ Burn \_\_\_\_ Puncture \_\_\_\_ Dislocation \_\_\_\_ Sprain \_\_\_\_  
\_\_\_\_ Shock \_\_\_\_ Other \_\_\_\_\_

Part of Body Injured: (please indicate Left or Right)  
\_\_\_\_ Abdomen \_\_\_\_ Ankle \_\_\_\_ Arm \_\_\_\_ Back \_\_\_\_ Chest \_\_\_\_ Ear \_\_\_\_ Elbow \_\_\_\_ Eye \_\_\_\_ Nose  
\_\_\_\_ Face \_\_\_\_ Finger \_\_\_\_ Foot \_\_\_\_ Hand \_\_\_\_ Head \_\_\_\_ Knee \_\_\_\_ Leg \_\_\_\_ Mouth \_\_\_\_ Other

Describe the injury or disability: \_\_\_\_\_  
\_\_\_\_\_

Assessment/ Treatment (include the names of the health personnel who treated the student)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parents Notified: Yes No If yes, describe the notice given to the parent(s) and any discussion: \_\_\_\_\_  
\_\_\_\_\_

\* Recommend Doctor's evaluation: Yes No \* Sent to Emergency Room: Yes No *If yes*, state where the student was taken and who accompanied the student: \_\_\_\_\_  
\_\_\_\_\_

School Insurance form needed? Yes No Date sent to parent / guardian: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_