

Merrymeeting Regional Adult Education

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INJURY REPORT

Injured Person: _____ Age: _____ Date of Report: _____

Address: _____

TIME AND PLACE OF ACCIDENT/INJURY:

Date: _____ Time: _____ AM/PM (Circle one)

Location: _____
(Be specific as to building, location)

Class Attending (if attending a class): _____

Others involved: _____

NATURE OF ACCIDENT/INJURY:

- | | | |
|---------------------|----------------------|---------------------------|
| _____ 1) Abrasion | _____ 6) Cut | _____ 11) Object in Eye |
| _____ 2) Bite | _____ 7) Dental | _____ 12) Puncture |
| _____ 3) Bruise | _____ 8) Dislocation | _____ 13) Sprain/Strain |
| _____ 4) Burn | _____ 9) Fracture | _____ 14) Other (specify) |
| _____ 5) Concussion | _____ 10) Laceration | _____ |

PART OF BODY (Indicate L or R for left or right when applicable):

- | | | | |
|----------------------|-----------------|-----------------|--------------------|
| _____ 1) Ankle | _____ 7) Eye | _____ 13) Hip | _____ 19) Nose |
| _____ 2) Arm | _____ 8) Face | _____ 14) Knee | _____ 20) Shoulder |
| _____ 3) Back | _____ 9) Finger | _____ 15) Leg | _____ 21) Stomach |
| _____ 4) Chest | _____ 10) Foot | _____ 16) Lip | _____ 22) Tooth |
| _____ 5) Collar Bone | _____ 11) Hand | _____ 17) Mouth | _____ 23) Wrist |
| _____ 6) Elbow | _____ 12) Head | _____ 18) Neck | _____ 24) Other |

NATURE OF ACCIDENT/INJURY

Description of how accident/injury occurred: _____

Was teacher/staff person present? _____ Yes _____ No

Name of Instructor: _____

Other witnesses: _____

ACTION TAKEN:

Immediate action taken:

_____ First Aid: _____
(Describe action taken)

_____ Taken to emergency room/hospital
Name of Hospital: _____

_____ Taken home by: _____

_____ Taken to physician by: _____

_____ Other: _____
(Describe action taken)

NOTIFICATIONS:

Person Notified: _____ Time: _____

TREATMENT:

Describe any medical treatment later by physician or other:

REPORT BY: _____