



TIWI COLLEGE

STUDENT ACCIDENT/INJURY FORM

Name of Student: _____

Address _____

Date of Birth: _____

Date of accident: _____ Time of accident: _____

Location of accident: _____

Name of supervising teacher / FGH parent _____

Parents notified: **Yes/No** _____ Time of contact: _____

Please give as much detail as possible of incident:

Were there any witnesses? **No/Yes** – please name _____

Was First Aid sought? **Yes/No** (*Details of first aid management to be completed over page by First Aider*)

Has there been any follow up? If so please give details.

Name of person making this entry: _____

Signature: _____

Date: _____



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FIRST AID OFFICER TO COMPLETE THIS SECTION

Assessment:

Details of first aid management:

Location of injury:

Head (Skull, Jaw, Face, Ears)

Arm(Shoulder, Elbow, Forearm, Wrist, Hand, Finger, Thumb)

Leg (Hip, Knee, Ankle, Foot, Toe)

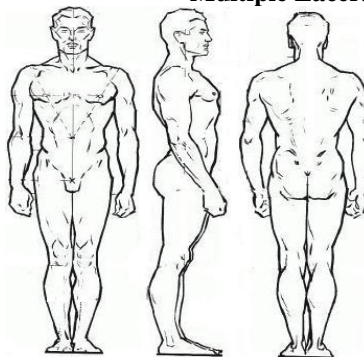
Trunk (Chest, Abdomen, Buttock, Pelvis, Spine)

Eyes

Neck

Multiple Lacerations

Internal



Nature of injury:

1. Fracture

2. Dislocation

3. Sprain/strain

4. Laceration

5. Burn/Scald

6. Crushing/Amputation

7. Bruises

8. Dental injury

9. Head injury

10. Loss of consciousness

11. Other (specify)

Outcome:

1. First aid- returned to class

2. First aid –sent home

3. Referred for medical assessment

4. Transferred to hospital

5. Fatal

NTWORKSAFE Incident Notification Form

Yes

No

Name of First Aid Officer: _____

Signature: _____

Date: _____

Name of Principal / Assistant Principal: _____

Signature: _____

Date: _____