

Accident outside of Longwood form (AOL)

Child's name:

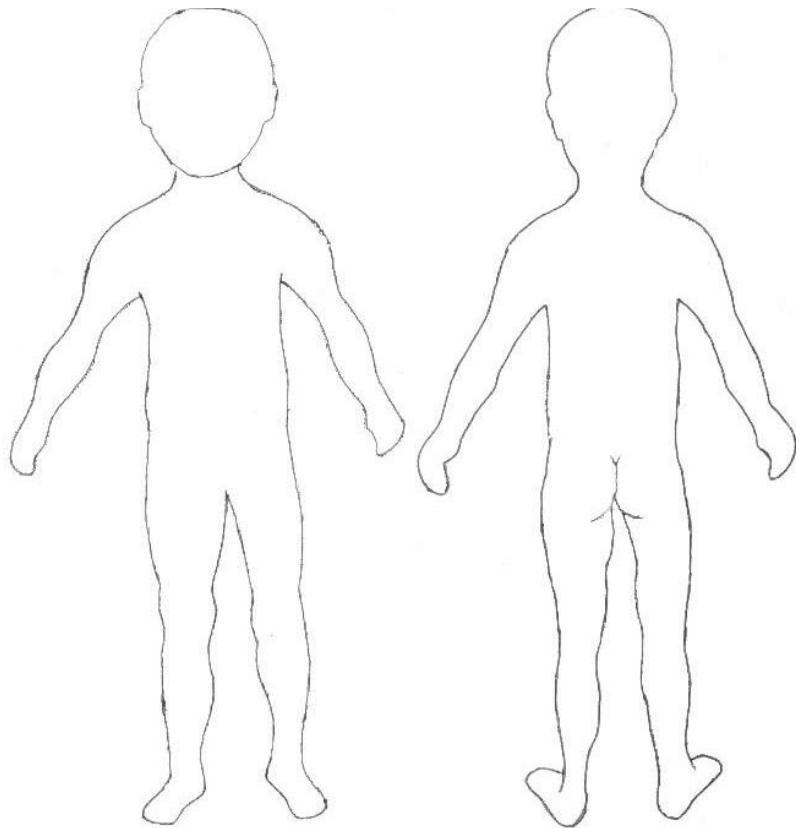
Male ☐ Female ☐

Person injury reported to:

Please mark with an X on diagram to show which part of the body was injured and circle body part on the list.

Body parts:

arm
eye
eyebrow
belly
Leg
breast
thumb
elbow
fist
finger
foot (plural:feet)
ankle
buttocks
hair
neck
hand
wrist
hip
chin
knee
head
lip
mouth
nose
nostril
upper arm
thigh
ear
bottom,bum
back
underarm,forearm
lower leg
shoulder
forehead
waist
calf (plural: calves)
cheek
eyelid
tooth (plural:teeth)
toe
tongue



Date & time of injury:

Where did the accident occur?

Please give a description of how the accident occurred (please write over-leaf if necessary):

Any treatment: Yes ☐ No ☐ (please indicate below)

Doctor ☐ First aid ☐ Hospitalized ☐

Bandage ☐ Plaster ☐ Stitches ☐ Glued ☐

Signature.....Relationship to child.....

Print Name.....Date.....