STUDENT INJURY REPORT FORM

Student Information

Name_____ Date of Incident_____

Date of Birth_____ Time of Incident_____

Grade_____ ☐ Male ☐ Female

Parent/Guardian Information

Name(s)_____

Address_____

School Information

School_____ Principal_____

Location of Incident (check appropriate box):

☐ Athletic Field ☐ Playground ☐ Cafeteria

☐ No Equipment Involved ☐ Equipment Involved (describe) _____

☐ Classroom ☐ Equipment Involved (describe) _____

☐ Gymnasium

☐ Hallway _____

☐ Bus ☐ Parking Lot

☐ Stairway ☐ Vocation/Shop Lab

☐ Restroom ☐ Other (explain):_____

When Did the Incident Occur (check appropriate box):

☐ Recess ☐ Athletic Practice/Session ☐ Field Trip

☐ Lunch ☐ Athletic Team Competition ☐ Unknown

☐ P.E. Class ☐ Intramural Competition ☐ Other_____

☐ In Class (not P.E.) ☐ Before School

☐ Class Change ☐ After School

Surface (check all that apply):

☐ Asphalt ☐ Dirt ☐ Lawn/Grass ☐ Wood Chips/Mulch ☐ Gymnasium Floor

☐ Carpet ☐ Gravel ☐ Mat(s) ☐ Tile ☐ Other (specify)_____

☐ Concrete ☐ Ice/Snow ☐ Synthetic Surface

Type of Injury (check all that apply):

	Head	Eye	Ear	Nose	Mouth/Lips	Tooth/Teeth	Jaw	Chin	Neck/Throat	Collarbone	Shoulder	Upper Arm	Elbow	Forearm	Wrist	Hand	Finger	Fingernail	Chest/Ribs	Back	Abdomen	Groin	Genitals	Pelvis/Hip	Leg	Knee	Ankle	Foot	Toe
Abrasion/ Scrape																													
Bite																													
Bump/Swelling																													
Bruise																													
Burn/Scald																													
Cut/Laceration																													
Dislocation																													
Fracture																													
Pain/ Tenderness																													
Puncture																													
Sprain																													
Other																													

Contributing Factors (check all that apply):

- ☐ Animal Bite
- ☐ Collision with Object
- ☐ Collision with Person
- ☐ Compression/Pinch
- ☐ Fall
- ☐ Fighting
- ☐ Overextension/Twisted
- ☐ Foreign Body/Object
- ☐ Hit with Thrown Object
- ☐ Tripped/Slipped
- ☐ Struck by Object (bat, swing, etc.)
- ☐ Struck by Auto, Bike, etc.
- ☐ Contact with Hot or Toxic Substance
- ☐ Drug, Alcohol, or Other Substance Involved
- ☐ Weapon
  Specify_____
- ☐ Unknown
- ☐ Other_____

Description of the Incident: _____

_____

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_____

Witnesses to the Incident: _____

_____

Staff Involved: ☐ Teacher ☐ Nurse ☐ Principal ☐ Assistant Staff ☐ Custodian ☐ Bus Driver
☐ Secretary ☐ Cafeteria ☐ Other (specify)_____

Incident Response (check all that apply):

- ☐ First Aid
  Time_____By Whom_____
- ☐ Parent/Guardian Notified
  Time_____By Whom_____
- ☐ Unable to Contact Parent/Guardian
  Time_____By Whom_____
- ☐ Parents Deemed No Medical Action Necessary
- ☐ Returned to Class
- ☐ Sent/Taken Home
  Days of School Missed_____
- ☐ Assessment/Follow-up by School Nurse
  Action Taken_____
- ☐ Called 9-1-1
- ☐ Taken to Health Care Provider/Clinic/Hospital/Urgent Care
  Diagnosis_____
  Days of School Missed_____
- ☐ Hospitalized
  Diagnosis_____
  Days of School Missed_____
- ☐ Restricted School Activity
  Explain_____
  Length of Time Restricted_____
  Days of School Missed_____
- ☐ Other_____

Describe Care Provided to the Student: _____

_____

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_____

Additional Comments: _____

_____

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Signature of Staff Member Completing Form_____ **Date/time**_____
Nurse's Signature_____ **Date/time**_____
Principal's Signature_____ **Date/time**_____