**STUDENT INJURY REPORT FORM**

**Student Information**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name: |  | | | | | | Date of incident: |  |
| Date of birth: | |  | Grade: |  | Male | Female | Time of incident: |  |

**Parent/Guardian Information**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Names: |  | | | | | Work Phone: |  |
| Address: |  | | | | | Home Phone: |  |
| City: |  | State: |  | Zip: |  | Cell Phone: |  |

**School Information**

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| --- | --- | --- | --- |
| School: |  | Phone: |  |

**Location of Incident**

Athletic field  Cafeteria  Gymnasium  Parking lot  Restroom  Vocation shop/lab

Bus  Classroom  Hallway  Playground  Stairway

Other, explain:

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**Time of Incident**

Recess  Lunch  P.E. class  In class (not P.E.)  Class change  Field trip

Before school  After school  Unknown

Other, explain:

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**Athletic Practice/Session**

Athletic team competition  Intramural competition

**Equipment**

No equipment involved

Equipment involved, describe:

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**Surface** (check all that apply)

Asphalt  Concrete  Gravel  Ice/snow  Mat(s)  Synthetic surface  Wood chips/mulch

Carpet  Dirt  Lawn/grass  Sand  Tile  Gymnasium floor

Other, specify:

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**Type of Injury** (check all that apply)

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|  | 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  Compression/pinch  Overextension/twisted  Struck by object (bat, swing, etc.)

Hit with thrown object  Fall  Tripped/slipped  Collision with object

Contact with hot or toxic substance  Foreign body/object  Physical altercation

Collision with person  Drug, alcohol or other substance  Struck by auto, bike, etc.

Weapon, specify:

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Other, explain:

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**Description of the Incident**

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**Witnesses to the Incident**

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**Staff Involved** (check all that apply)

Assistant staff  Bus driver  Cafeteria staff  Custodian  Nurse  Principal  Secretary  Teacher

Other, specify:

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**Incident Response** (check all that apply)

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| First Aid | | Time: |  | | By whom: | |  | | | |
| Called 911 | | Time: |  | | By whom: | |  | | | |
| Parent/guardian notified | | Time: |  | | By whom: | |  | | | |
| Unable to contact parent/guardian | | Time: |  | | By whom: | |  | | | |
| Parents decided no medical action necessary | | Returned to class | | | | | | Sent/taken home | Days of school missed: |  |
| 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, explain: |  | | | | | | | | | |

**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 |