**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**

|  |  |  |  |
| --- | --- | --- | --- |
| 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)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | 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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| --- | --- |
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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 |