



Student – Visitor Injury Report
Write legibly. To be filled out by School Personnel

School Name:		District: SE Dubois	Incident Date:	Incident Time:
Injured Party's Name:		Phone:	Age/DOB:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Address:				Grade:
Status: <input type="checkbox"/> Student <input type="checkbox"/> Visitor <input type="checkbox"/> Trespasser		If Visitor, reason for visit:		
Description of Accident (How did the accident happen? What was the injured person doing? What tool, machine or equipment was involved?)				
What Teacher/Supervisor/Administrator was responsible for the area:				
Witness Name:		Address:	Telephone Number:	
Witness Name:		Address:	Telephone Number:	
Location		Type of Injury		Body Part(s) Affected
<input type="checkbox"/> Athletic Field	<input type="checkbox"/> Office	<input type="checkbox"/> Abrasion	<input type="checkbox"/> Dislocation	<input type="checkbox"/> Abdomen <input type="checkbox"/> Finger
<input type="checkbox"/> Bus	<input type="checkbox"/> Playground	<input type="checkbox"/> Amputation	<input type="checkbox"/> Electrical Shock	<input type="checkbox"/> Ankle <input type="checkbox"/> Foot
<input type="checkbox"/> Bus Stop	<input type="checkbox"/> Restroom	<input type="checkbox"/> Asphyxiation	<input type="checkbox"/> Laceration	<input type="checkbox"/> Arm <input type="checkbox"/> Hand
<input type="checkbox"/> Cafeteria	<input type="checkbox"/> Sidewalk	<input type="checkbox"/> Bite (Animal/Insect)	<input type="checkbox"/> Fracture	<input type="checkbox"/> Back <input type="checkbox"/> Head
<input type="checkbox"/> Classroom	<input type="checkbox"/> Pool Area	<input type="checkbox"/> Bite (Human)	<input type="checkbox"/> Poisoning	<input type="checkbox"/> Chest <input type="checkbox"/> Leg
<input type="checkbox"/> Gym	<input type="checkbox"/> Stairs Inside	<input type="checkbox"/> Burn (Chemical)	<input type="checkbox"/> Puncture	<input type="checkbox"/> Ear <input type="checkbox"/> Mouth
<input type="checkbox"/> Hallway	<input type="checkbox"/> Stairs Outside	<input type="checkbox"/> Burn (Heat)	<input type="checkbox"/> Sprain/Strain	<input type="checkbox"/> Eye <input type="checkbox"/> Tooth
<input type="checkbox"/> Science Lab	<input type="checkbox"/> Voc. Shop	<input type="checkbox"/> Concussion		<input type="checkbox"/> Face <input type="checkbox"/> Wrist
<input type="checkbox"/> Locker Room	<input type="checkbox"/> Stage Area	<input type="checkbox"/> Other (Describe)		<input type="checkbox"/> Other (Describe)
<input type="checkbox"/> Maint. Area	<input type="checkbox"/> Other (Specify):			
Immediate Action Taken (check all that apply)				
<input type="checkbox"/> First Aid (Specify) _____ <input type="checkbox"/> School Nurse notified <input type="checkbox"/> Ambulance called <input type="checkbox"/> None <input type="checkbox"/> Parent/Guardian called Name of Parent/Guardian notified: _____ Parent/Guardian Telephone number: Home: _____ Work: _____ Injured person released to: <input type="checkbox"/> Self <input type="checkbox"/> Parent/Guardian <input type="checkbox"/> Ambulance/Hospital <input type="checkbox"/> Other (specify) _____ Time Released: _____ am pm				
Report Completed by:			Title:	
Report Reviewed by Principal (signature):				
Date Reviewed:			Telephone Number:	

Submit to: Tracy Troesch @ sedubois.k12.in.us