



STUDENT INJURY REPORT

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CONFIDENTIAL SCHOOL INCIDENT INVESTIGATION CONFIDENTIAL ATTORNEY/CLIENT PRIVILEGE

Directions: Complete this report in case of a minor accident involving a student, immediately after the injured student has been given care.

STUDENT NAME			HOME ADDRESS		
HOME PHONE	GENDER	DATE OF BIRTH	AGE	GRADE	STUDENT NUMBER
DATE OF INCIDENT	TIME OF INCIDENT	DATE REPORTED	TIME REPORTED	REPORTED TO WHOM?	
SCHOOL		ACTIVITY/LOCATION OF INCIDENT			
DESCRIBE INCIDENT IN DETAIL					
CAUSE OF INCIDENT		DID INCIDENT INVOLVE OTHERS? (list names) <input type="checkbox"/> Yes <input type="checkbox"/> No			
WAS EQUIPMENT OR MACHINERY INVOLVED? (playground, industrial arts, etc.)		<input type="checkbox"/> Yes <input type="checkbox"/> No			
WAS A RULE OR PROCEDURE VIOLATED? EXPLAIN (include horseplay)		<input type="checkbox"/> Yes <input type="checkbox"/> No			
FULL NAME OF TEACHER, AIDE, ETC FOR INURED STUDENT		TITLE (Teacher, Aide, etc)		PRESENT AT TIME OF INCIDENT <input type="checkbox"/> Yes <input type="checkbox"/> No	
NAME OF WITNESS		ADDRESS		PHONE	
NAME OF WITNESS		ADDRESS		PHONE	
SUSPECTED NATURE OF INJURY			INJURED PART OF BODY <input type="checkbox"/> Left Side <input type="checkbox"/> Right Side		
<input type="checkbox"/> Abrasion <input type="checkbox"/> Deformity <input type="checkbox"/> Strain/Sprain <input type="checkbox"/> Head Injury <input type="checkbox"/> Contusion <input type="checkbox"/> Cut <input type="checkbox"/> Dislocation <input type="checkbox"/> Internal <input type="checkbox"/> Bite <input type="checkbox"/> Burn <input type="checkbox"/> Other (explain)			<input type="checkbox"/> Head <input type="checkbox"/> Face <input type="checkbox"/> Eye <input type="checkbox"/> Neck <input type="checkbox"/> Back <input type="checkbox"/> Chest <input type="checkbox"/> Abdomen <input type="checkbox"/> Arm <input type="checkbox"/> Hand <input type="checkbox"/> Finger <input type="checkbox"/> Elbow <input type="checkbox"/> Ankle <input type="checkbox"/> Leg <input type="checkbox"/> Foot <input type="checkbox"/> Knee <input type="checkbox"/> Other (explain)		
IMMEDIATE ACTION TAKEN (taken to nurse, etc.)			MEDICAL TREATMENT (first aid, etc.)		
OUTCOME (home, ambulance, doctor, etc.)					
PARENT/GUARDIAN NAME		DATE CONTACTED		TIME CONTACTED	
PARENT/GUARDIAN ATTITUDE OR OTHER COMMENTS					
NAME OF PERSON COMPLETING REPORT		TITLE	PHONE	DATE PREPARED	
SITE ADMINISTRATOR					