

# STUDENT INJURY/INCIDENT REPORT FORM AND/OR NON-DISTRICT PROPERTY DAMAGE OR INJURY SUSTAINED BY VISITORS OR THE PUBLIC —SAINT PAUL PUBLIC SCHOOLS—



Complete this form within 2-7 days of any incident involving bodily injury  
email to > [claims@spps.org](mailto:claims@spps.org)

Do not use for motor vehicle accidents or SPPS employee injuries

This form is to be used by Saint Paul Public Schools staff only (SPPS or "District") to report student injuries and/or injuries or property damage sustained by visitors or the general public. It is important to note that this form should not be completed for student athlete injuries that occur during organized athletic activities. Submitting this form is not an admission of liability or negligence on the part of SPPS. Staff do not have the authority and are not to make any guarantees or commitments to parent(s) or guardian(s) or make any comments regarding acceptance of liability on behalf of the District in any communications. All personally identifiable and personal health information collected is considered CONFIDENTIAL.

**1- STUDENT/INJURED PERSON (USE SEPARATE REPORT FORM FOR EACH INJURED PERSON)**

NAME	DOB	AGE	GRADE	<input type="radio"/> M <input type="radio"/> F	<b>CLASSIFICATION OF PERSON INJURED ENTER # IN BOX</b> 1- SPPS STUDENT    3- PARENT/GUARDIAN    5- EMPLOYEE OF OTHER ENTITY CONTRACTED BY SPPS 2- NON SPPS STUDENT    4- VISITOR/PUBLIC    6- COMMUNITY ED PARTICIPANT    7- ATHLETE    8- OTHER					
SCHOOL STUDENT IS ENROLLED IN					ISD NAME OR ISD# (IF NOT SPPS/ISD 625)					
INVOLVED PERSON DETAILS	<b>EYEGASSES ENTER # IN BOX</b> 1- YES WEARS, HAD THEM ON 2- YES WEARS, THEY WERE OFF 3- DOES NOT WEAR GLASSES	<b>TYPE OF SHOES ENTER # IN BOX</b> 1- GYM SHOES    4- SANDALS    7- WORK BOOTS    10- OTHER 2- CASUAL TIE ON    5- HEELS    8- SNOW BOOTS    11- UNK 3- CASUAL SLIP ON    6- RAIN SHOES    9- NOT WEARING ANY	<b>SPECIAL NEEDS AND/OR PHYSICAL LIMITATIONS DESCRIBE TYPE AND EXTENT</b>							
PARENT/GUARDIAN NAME (MAIN PERSON TO CONTACT)				LANGUAGE IF NOT ENGLISH		<b>HOW WAS CONTACT MADE? ENTER # IN BOX</b> 1- PHONE CONTACT    2- PHONE VM    3- EMAIL    4- OTHER    5- NONE				
STREET ADDRESS			CITY ST, ZIP		EMAIL		PHONE		<b>PHONE TYPE ENTER # IN BOX</b> 1- CELL    2- HOME    3- WORK    4- OTHER	

**2- LOCATION AND DETAILS OF INCIDENT ATTACH 1-2 PHOTOS OF LOCATION and/or EQUIPMENT**

DATE OF INCIDENT	TIME <input type="radio"/> AM <input type="radio"/> PM	LOCATION (NAME OF SCHOOL/SITE)	ADDRESS (INCLUDE STREET, CITY, ZIP)						
<b>TYPE OF PREMISE ENTER # IN BOX</b> 1- ATHLETIC FIELD    3- BAND/CHOIR RM    5- ART/SCI LAB    7- PLAYGROUND    9- HALL    11- STAIRS    13- PARKING LOT    15- OUTDOOR SPACE/LAB    17- POOL 2- AUDITORIUM    4- CLASSROOM    6- FACs/TECH ED RM    8- CAFETERIA    10- GYM    12- LIBRARY    14- BATHROOM    16- OFFICE    18- OTHER    19- UNK					<b>SECURITY CAMERAS ENTER #s IN BOX</b> 1- CAMERA    2- NO CAMERA    3- VIDEO CAPTURED    4- NO VIDEO				
<b>SURFACE TYPE ENTER # IN BOX</b> 1- ASPHALT    4- CARPET    7- GYM FLR: RUBBER    10- GRASS    13- WOOD CHIPS/MULCH 2- CONCRETE    5- TILE    8- GYM FLR: WOOD    11- MAT(S)    14- UNKNOWN 3- ICE/SNOW    6- GRAVEL    9- DIRT/SAND    12- SYNTHETIC SURFACE    15- OTHER			<b>CONDITION ENTER # IN BOX</b> 1- DRY    4- OILY/WAXY    7- UNEVEN 2- WET    5- SNOWY    8- OTHER 3- ICY    6- DIRTY/CLUTTERED		<b>EQUIPMENT INVOLVED? (PLAYGROUND EQUIP, FURNITURE, SUPPLIES) IF YES, DESCRIBE (EX. MONKEY BARS, PLASTIC CHAIR, METAL SCISSORS)</b>				
<b>OCCURRED DURING ENTER # IN BOX</b> 1- BEFORE SCHOOL    3- IN CLASS    5- AT RECESS    7- BETWEEN CLASSES    9- ATHLETIC PRACTICE/GAME 2- AFTER SCHOOL    4- DURING LUNCH    6- FIELD TRIP    8- COMMUNITY ED*    10- OTHER    11- UNKNOWN				<b>*IF COMMUNITY ED, CLASS TYPE ENTER # IN BOX</b> 1- ADULT BASIC ED    3- ADULT/YTH ENRICHMENT    5- YTH SUMMER    7- ECFE    9- DISC CLUB 2- ADULT SPEC NEEDS    4- GYMNASTICS/AQUATICS    6- DRIVER ED    8- PLANETARIUM    10- OTHER					
CLASS/COURSE/EVENT			LEAD TEACHER OR INSTRUCTOR NAME		EMAIL				
STUDENT-TO-TEACHER RATIO	DESCRIBE WHAT HAPPENED/CONTRIBUTED TO INCIDENT <b>PROVIDE DETAILS</b> (e.g., tripped on carpet & fell; poked eye w/metal scissors; two students collided in gym)								
# STUDENTS									
# SUPERVISORS (INCL TEACHERS, EAs/TAs, VOLUNTEERS)									
POLICE AT SCENE? <input type="radio"/> Y <input type="radio"/> N	<b>SAFETY INSTRUCTIONS GIVEN (e.g., "shoes off, no pushing"; safety rules posted in lab; describe verbal reprimands; consequences for breaking rules)</b>			<b>SAFETY MEASURES IN PLACE (e.g., "Wet Floor" signs in hall; orange safety cone over hole in athletic field; salt on icy steps)</b>					
CASE#									

**3- WITNESS(ES) IF ADDITIONAL SPACE IS NEEDED, EMAIL OR ATTACH SEPARATELY**

FIRST/LAST NAME	EMAIL	PHONE	PHONE TYPE
			<b>PHONE TYPE ENTER # IN BOX</b> 1- CELL    2- HOME    3- WORK    4- OTHER
			<b>PHONE TYPE ENTER # IN BOX</b> 1- CELL    2- HOME    3- WORK    4- OTHER
			<b>PHONE TYPE ENTER # IN BOX</b> 1- CELL    2- HOME    3- WORK    4- OTHER

**4- PROPERTY DAMAGE TO NON-SPPS PROPERTY**

DESCRIBE PROPERTY DAMAGED	OWNER NAME	ADDRESS (INCLUDE STREET, CITY, ZIP)	PHONE	PHOTOS? <input type="radio"/> Y <input type="radio"/> N ATTACH OR EMAIL
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# INJURY DETAILS / TREATMENT / MEDICAL CONDITION **[CONFIDENTIAL]**

## 5- INJURY DESCRIPTION AND CARE

**DESCRIBE THE INJURY BE AS SPECIFIC AS POSSIBLE** (e.g., body part, left of right, severity [1" cut above lft eye]; unusual contributing factors)

<b>INJURY CLASSIFICATION(S) ENTER 1 to 3 #s IN BOX (ex. 1,9,8)</b> 1-BRUISE/BUMP 2-BITE/STING 3-BURN/SCALD 4-DISLOCATION 5-STRAIN/SPRAIN 6-FRACTURE 7-CONCUSSION 8-CUT/LACERATION 9-SCRAPE/ABRASION 10-ALLERGIC REACTION 11-PERSONAL MEDICAL 12-CHIPPED/MISSING TOOTH 13-OTHER		<b>SYMPTOMS ENTER 1 to 3 #s IN BOX (ex. 1,4,10)</b> 1-PAIN 2-WEAKNESS 3-NUMBNESS 4-ACHE/TENDERNESS 5-BLURRED VISION 6-HEARING TROUBLE 7-SHORTNESS OF BREATH 8-FAINTED/UNCONCIOUS 9-TROUBLE SWALLOWING 10-SWELLING 11-DIZZINESS 12-RASH 13-OTHER	
<b>WAS THERE EXPOSURE TO ANOTHER PERSON'S BLOOD OR BODY FLUIDS?</b> Y N <b>IF YES, ROUTE OF EXPOSURE</b> <b>ENTER #s IN BOX</b> 1-EYES 2-MOUTH 3-NOSE 4-NON-INTACT SKIN 5-BITE 6-NEEDLESTICK/SHARP OBJECT PIERCED SKIN 7-OTHER		<b>TYPE OF POTENTIALLY INFECTIOUS MATERIAL</b> <b>ENTER # IN BOX</b> 1-BLOOD 2-URINE 3-FECES 4-SALIVA 5-OTHER (DETAIL BELOW)	
<b>APPROXIMATE AMOUNT OF FLUID/SUBSTANCE</b>	<b>AMOUNT</b>	<b>LENGTH OF TIME EXPOSED TO BLOOD OR OTHER POTENTIALLY INFECTIOUS BODILY FLUIDS</b>	<b>TIME</b>
<b>FOR PERCUTANEOUS (SKIN PIERCED), DEPTH OF INJURY</b>	<b>DEPTH</b>	<b>FOR NON-INTACT SKIN, CONDITION OF SKIN (FRESH CUT, CHAPPED, DRY, RASH, ETC.)</b>	<b>SKIN CONDITION</b>

## 6- HEALTH OFFICE TREATMENT

<b>IMMEDIATE TREATMENT RENDERED BY STAFF ENTER #s IN BOX</b> 1-CLEANED 2-BANDAGE/GUAZE 3-TAPE/WRAP 4-REST 5- ICE PACK 6-ELEVATION 7-SPLINT/SLING 8-SKIN/EYE WASH 9-REFERRED 10-NONE 11-OTHER		<b>FOLLOW-UP CARE ENTER #s IN BOX</b> 1-EMS 2-PARENT/GUARDIAN HOME 3-SELF TRANSPORT HOME (NON-MINOR) 4-CLINIC CARE 5-HOSPITAL 6-REFUSED CARE 7-NONE 8-OTHER	
<b>ADDITIONAL TREATMENT NOTES ACTION TAKEN, FIRST AID MEASURES</b>			

## 7- MEDICAL CARE RECEIVED / CURRENT CONDITION

<b>NAME OF CLINIC, HOSPITAL, DENTIST, EMS/PARAMEDIC</b>	<b>CITY</b>	<b>ATTENDING PROVIDER'S NAME</b>		
<b>CURRENT CONDITION/DIAGNOSIS/PROGNOSIS INCL SUGERIES, FOLLOW-UP CARE REQUIRED, LENGTH CARE IS NEEDED, ETC.</b>				
<b>DID STUDENT MISS SCHOOL?</b> <b>IF YES, ENTER TIME/DAY(S)/DATE(S)</b>	<b># HRS</b>	<b># DAYS</b>	<b>DATES STUDENT MISSED SCHOOL</b>	<b>SPECIFY REASON(S) MISSED (e.g., surgery, dr appt, etc.)</b>
<b>RESTRICTED SCHOOL ACTIVITY? IF YES, EXPLAIN</b>			<b>LENGTH OF TIME RESTRICTED</b>	

## 8- FAMILY/PARENT/GUARDIAN CONTACT SUMMARY

<b>HAS FAMILY CONTACTED THE SCHOOL ABOUT MEDICAL CARE, EXPENSES, OR OTHER?</b>	<input type="radio"/> Y <input type="radio"/> N	<b>NAME OF FAMILY MEMBER</b>	<b>RELATION ENTER # IN BOX</b> 1-DAD 2-MOM 3-BROTHER 4-SISTER 5-GUARDIAN 6-OTHER	<b>CONTACT TYPE ENTER # IN BOX</b> 1-EMAIL 2- PHONE 3-IN PERSON 4-OTHER
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**SUMMARY OF COMMUNICATION/DISCUSSION**

\*\*\* ATTACH HEALTH OFFICE VISIT REPORT, IF AVAILABLE \*\*\*

## SPPS PERSONNEL COMPLETING FORM (MUST BE COMPLETED BY SPPS STAFF ONLY)

<b>NAME</b>	<b>PHONE</b>	<b>CELL?</b> Y N	<b>EMAIL</b>	<b>DATE COMPLETED</b>
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