

BRIGHTON AREA SCHOOLS

Student Injury Report Form Guidelines

The Michigan Department of Health provides the following Student Injury Report Form and guidelines as an example for districts to use in tracking the occurrence of school-related injuries. MDOH suggests completing the form when an injury leads to any of the following:

- 1. The student misses ½ day or more of school.**
- 2. The student seeks medical attention (health care provider office, urgent care center, emergency department).**
- 3. EMS 9-1-1 is called.**

Schools are encouraged to review and use the information collected on the injury report form to influence local policies and procedures as needed to remedy hazards.

Instructions

- Student, parent and school information: self-explanatory.
- Check the box to indicate the location and time the incident occurred.
- Check the box to indicate if equipment was involved; describe involved equipment. Indicate what type of surface was present where the injury occurred.
- Using the grid, check the body area(s) where the student was injured and indicate what type of injury occurred. Include all body areas and injuries that apply.
- Check the appropriate box(es) for factors that may have contributed to the student's injury.
- Provide a detailed description of the incident. Indicate any witnesses to the event and any staff members who were present. Attach another sheet if more room is needed.
- Incident response: include all areas that apply.
- Provide any further comments about this incident, including any suggestions for what might prevent this type of incident in the future.
- Sign the completed form.
- Route the form to the school nurse and the principal for review/signature.
- Original form and copies should be filed according to district policy.

Contributing factors *circle all that apply*

| | | | | |
|-----------------------|---|------------------------|----------------------------|-------------------------------------|
| Animal bite | Compression/pinch | Fall | Overextension/twisted | Struck by object (bat, swing, etc.) |
| Collision with object | Contact with hot or toxic substance | Foreign body/object | Physical Altercation | Tripped/slipped |
| Collision with person | Drug, alcohol or other substance involved | Hit with thrown object | Struck by auto, bike, etc. | |
| Weapon <i>specify</i> | | Other <i>explain</i> | | |

Description of the incident

Witnesses to the incident

Staff involved *circle all that apply*

| | | | | |
|-----------------|-----------------|-----------|-----------|----------------------|
| Assistant staff | Cafeteria staff | Nurse | Secretary | Other <i>specify</i> |
| Bus driver | Custodian | Principal | Teacher | |

Incident response *circle all that apply*

| | | | | |
|---|-------------------|---------------------------|-----------------------|-----------------------|
| 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 deemed 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 <i>explain</i> | | | | |

Describe care provided to the student

Additional comments

| | |
|---|-----------|
| Signature of staff member completing form | Date/time |
| Nurse's signature | Date/time |
| Principal's signature | Date/time |