

Student Injury Report

Student information

Name			Date of incident
Date of birth	Grade	() Male () Female	Time of incident

Parent/guardian information

Name(s)			Work phone ()
Address			Home phone ()
City	State	ZIP	Cell phone ()

School information

School	Phone ()
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Location of incident *check appropriate box*

☐ Athletic field ☐ Cafeteria ☐ Gymnasium ☐ Parking lot ☐ Restroom ☐ Vocation shop/lab
☐ Bus ☐ Classroom ☐ Hallway ☐ Playground ☐ Stairway

Other explain:

Time of incident *check appropriate box*

() Recess () Lunch () P.E. class () In class (not P.E.) () Class change () Field trip
() Before school () After school () Unknown

Other *explain*:

Athletic practice/session:

☐ Athletic team competition ☐ Intramural competition

Equipment

☐ No equipment involved

Equipment involved <i>describe</i>

Surface *check all that apply*

☐ Asphalt ☐ Concrete ☐ Gravel ☐ Ice/snow ☐ Mat(s) ☐ Synthetic surface ☐ Wood chips/mulch
☐ Carpet ☐ Dirt ☐ Gymnasium floor ☐ Lawn/grass ☐ Sand ☐ Tile

Other *specify*:

Type of injury *check all that apply*

[illegible]

Contributing factors *check 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>
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Description of the incident

Witnesses to the incident

Staff involved *check all that apply*

- ☐ Assistant staff ☐ Cafeteria staff ☐ Nurse ☐ Secretary
☐ Bus driver ☐ Custodian ☐ Principal ☐ Teacher

Other *specify***Incident response** *check 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