

PINELLAS COUNTY SCHOOLS
STUDENT INJURY WORKSHEET

Instructions:

All school related injuries must be reported via the electronic STUDENT INJURY REPORTING (SIR) system, regardless of time or location. This form is only to be used to gather information. ALL SECTIONS must be filled out.

1. Name of Student:		2. School:		3. Grade:	
4. Date Injury Occurred:		5. Time Injury Occurred: Hour: ____ HH ____ MM ____ A.M. ____ P.M.		6. Place Injury Occurred: ____ PE Class ____ School Activity Elsewhere ____ School Building ____ School Grounds ____ To/From School	
7. Date Reported:		8. Reported by:			
9. Specific Location: ____ Athletic Field ____ Bus Stop ____ Driveway ____ Other (Specify ____ Playground ____ Shop ____ Auditorium ____ Cafeteria ____ Exterior walkway ____ Below) ____ Pool ____ Showers ____ Bicycle ____ Classroom # ____ ____ Gymnasium ____ Parking Lot ____ Restroom ____ Stairs ____ Bus Circle ____ Corridor ____ Lockers ____ PCSB Vehicle ____ School Bus ____ Vendor Vehicle					
10. Other: _____					
11. Nature of Injury: ____ Abrasion ____ Burn ____ Illness (Explain Below) ____ Puncture ____ Sting ____ Bite ____ Cut ____ Laceration ____ Redness ____ Swelling ____ Bruise ____ Fracture ____ No Sign of Injury ____ Scratch ____ Bump ____ Hazardous Substance Exposure ____ Overdose ____ Sprain/ Strain Illness (Explain) _____ ____ Other (Explain) _____					
12. Part of Body Injured: ____ Abdomen ____ Chin ____ Foot (L/R) ____ Leg (L/R) ____ Nose ____ Ankle (L/R) ____ Ear (L/R) ____ Forearm (L/R) ____ Lip ____ Ribs (L/R) ____ Arm (L/R) ____ Elbow (L/R) ____ Forehead ____ Mouth ____ Shoulder (L/R) ____ Back ____ Eye (L/R) ____ Hand (L/R) ____ Neck ____ Tooth ____ Cheek (L/R) ____ Eyebrow (L/R) ____ Head ____ No sign of injury ____ Wrist (L/R) ____ Chest ____ Finger (L/R) ____ Knee (L/R) ____ Other - (Specify) _____					
13. Injury Details – How did injury occur? What was student doing?:					
14. Involved – Specify any tool, machine, equipment or other student(s)/person(s) involved:					
15. Other Information – Specify any information from above or other relevant information:					
16. Was the injury: ____ Unintentional ____ Intentional (involving fight or violence) 17. Medical Treatment Given: ____ Yes ____ No 18. By whom - name or title (Mrs. Smith, EMS, etc.)? _____ 19. Type of treatment (ice, band-aid, etc.)? _____			20. Was student transported to hospital? ____ Yes ____ No 21. If yes, where? _____ 22. By whom (EMS, School Administrator, Parent/Guardian, Other (explain)? _____ 23. Was parent/person notified? ____ Yes ____ No If no, why not? _____ 24. Name of person notified? _____ 25. Notification Time: ____ HH ____ MM ____ A.M. ____ P.M.		
26. Witness Information (name, address, phone). Use separate sheet if needed:					
27. Teacher/Coach in charge: _____ (Date)			28. Person Completing Form: _____ (Date)		
29. Principal/Administrator: _____			(Date)		