

STUDENT INJURY/INCIDENT REPORT FORM

This form is to be completed immediately following any injury/incident which:

- Causes the loss of one-half day or more of school.
- Warrants medical attention and/or treatment.
- Involves a head injury (A blow to the head that is severe or symptomatic after ice and a 10-minute rest): **Call School Nurse.**
- Involves **Blood/Body fluid** exposure (blood, tears, saliva, human or animal bites, spitting in face, exposure to open wound). Report incident to School Nurse immediately.

DIRECTIONS

- Fill in ALL sections that pertain to the injury/incident.
 - Supervising Staff (Present at time of injury/incident) - Complete Sections 1 through 12 and Sign.
 - Treating Staff Person - Complete Sections 13 through 21 and Sign.
- HEAD INJURY Parent Notification Form (attached) - Complete for all head injuries and send to parent.

STAFF MEMBER SUPERVISING CLASS/ACTIVITY: COMPLETE SECTIONS 1 THROUGH 12 AND SIGN:

1)	Student's Name: Last Name: _____ First Name: _____ Grade: _____	
	Teacher Name: _____ Building: _____	
2)	Was Blood or Body Fluids Involved? ☐ Yes: (Call School Nurse Immediately) ☐ No	3) Time Injury Happened: _____ AM ☐ PM ☐ Time injury Was Reported: _____ AM ☐ PM ☐ Time Treatment Was Given: _____ AM ☐ PM ☐
4)	Describe Specifically How the Injury Happened: _____ _____ _____	
5)	Person(s) in Attendance at Time of Incident: _____	
6)	Accident Location: ☐ Classroom # _____ ☐ Stairs ☐ Sidewalk ☐ Before school program ☐ Other _____	☐ Playground ☐ Hallway ☐ PE class (☐ In Gym / ☐ Outside) ☐ After school program ☐ Gym (non-PE) ☐ Bus
7)	Explanation of Accident: ☐ Collision with Person ☐ Injury To Self ☐ Other _____	☐ Collision with Obstacle ☐ Fall (_____ Height of Fall) ☐ Hit with Object
8)	Surface: ☐ Blacktop ☐ Carpet ☐ Concrete ☐ Other: _____	☐ Dirt ☐ Pea gravel ☐ Ice/Snow ☐ Grass ☐ Mats ☐ Sand ☐ Synthetic surface ☐ Rubber tile ☐ Wood products
9)	Activity Being Done: _____ <u>OR</u> Game Being Played: _____	
10)	Misbehavior or Improper Use of Equipment Involved: ☐ None ☐ Throwing ☐ Other: _____ ☐ Fighting ☐ Roughhousing	
11)	Was Playground Equipment Involved in Injury? ☐ Yes ☐ No	
12)	What Specific Piece of Equipment? _____ (Please use colored/labeled playground photo in elementary health room to assist you in naming the piece of equipment)	

Name of Staff Person Supervising at Time of Incident (Print Name) _____

Supervising Staff Person Signature: _____ Date: _____

STAFF MEMBER PROVIDING TREATMENT: COMPLETE SECTIONS 13 THROUGH 21 :

13) Type of Injury Suspected:

☐ Laceration	☐ Convulsion/Seizure	☐ Bump
☐ Abrasion	☐ Bruise/Contusion	☐ Discoloration
☐ Sprain/Strain	☐ Dislocation	☐ Shock
☐ Fracture	☐ Puncture	☐ Burn
☐ Surface cut/Scratch	☐ Other: _____	
☐ Head Injury * (Complete Parent Report & Send Home)		

14) Body Part Injured:

Head	Trunk	Extremities (indicate left or right)	Other
☐ Ear	☐ Abdomen	☐ Ankle	
☐ Eye	☐ Back	☐ Elbow	
☐ Face	☐ Chest	☐ Finger	
☐ Head *	☐ Groin	☐ Foot	
☐ Neck	☐ Shoulder	☐ Hand	
☐ Scalp	☐ Trunk	☐ Hip	
☐ Forehead	☐ Knee	☐ Wrist	
☐ Teeth			

* In each instance when a head injury is suspected, complete the attached "Head Injury Parent Notification" and send the form home to parent.

15) Treatment Or First Aid Given

☐ Ice	☐ Washed Wound	☐ Kept Immobile
☐ Observed	☐ Stopped Bleeding	☐ Applied Splint
☐ Applied Dressing	☐ Other (Please Explain)	

Explain: _____

16) Treatment Administered By: _____

17) Action Taken:

☐ Home With Parent	☐ Called 911
☐ Returned To Class	☐ Transferred to Hospital
☐ Student To Doctor Via Parent	☐ Student To ER Via Parent
☐ Time spent in Health Room (____ Minutes)	
☐ Other _____	

18) School Nurse Notification:

Nurse's Name: _____ Date: ____/____/____
Phone: _____ Written Message: _____ Time: ____ AM ____ PM

19) Were Parents Notified of Injury?

☐ Yes ☐ No

If Yes, Contact Was Made With: Name: _____

Relationship to Student: _____ Time: ____ AM ____ PM

Notified by: Phone _____ Written Message: _____

Other: _____

20) If Head Injury, Was Parent Notification of Head Injury Form Sent To Parent?

☐ Yes ☐ No

Date: ____/____/____

21) Student Time Lost From School: _____

REQUIRED SIGNATURES:

Staff Person Who Treated Student: (Print Name) _____

Signature: _____ Date: _____

Principal Signature (After Review of Report): _____ Date: _____

Send original of this two-sided form to:

Administration Building, Deb Baumgartner
320 West 24th St Kearney, NE 68845

Kearney Public Schools
320 West 24th St.
Kearney, NE 68845

PARENT NOTIFICATION OF INJURY TO HEAD

Student Name: _____ Date ____/____/____

School Name: _____ Grade _____

Dear Parent/Guardian:

**Your child was seen in the health office today for an injury to the head.
Your child was instructed to bring this form home to you.**

Time of injury: _____ ☐ AM ☐ PM Area of the Head Affected: _____

Student's condition when they left the health/school office:

We are concerned about head injuries because at times symptoms may be subtle or slow to appear.

**Be aware that any of the following signs and symptoms occurring over the
next 48 hours may signal that your child is in need of
IMMEDIATE MEDICAL ATTENTION:**

- Severe or worsening headache
- Increasing drowsiness OR hyperactivity
- Inability to recognize familiar people or places
- Weakness or numbness in an arm or leg
- Seizures
- Slurred or difficulty with speech
- Dizziness
- Slowing of pulse OR rapid and weak pulse
- Vomiting
- Changes in balance or coordination (falling, staggering, walking strangely)
- Changes in vision (double vision, blurred vision, or pupils of different sizes)
- Change in personality or behavior (confusion)
- Blood or clear fluid dripping from ear or nostril
- A repeated blow to the head within 1-10 days of the initial head injury
- Other concerns you may observe

**CONTACT YOUR DOCTOR OR EMERGENCY ROOM IF YOU NOTICE
ANY OF THE ABOVE SYMPTOMS.**

SEND FORM HOME WITH CHILD

School Staff Person: (Print Name) _____ (Sign Name) _____

School Phone Number _____ Date: _____