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 ☐ Auditorium ☐ Bicycle ☐ Bus Circle ☐ Bus Stop ☐ Cafeteria ☐ Classroom #___ ☐ Corridor ☐ Driveway ☐ Exterior walkway ☐ Gymnasium ☐ Lockers ☐ Other (Specify Below) ☐ Parking Lot ☐ PCSB Vehicle ☐ Playground ☐ Pool ☐ Restroom ☐ School Bus ☐ Shop ☐ Showers ☐ Stairs ☐ Vendor Vehicle

10. Other: _____

11. Nature of Injury:

☐ Abrasion ☐ Bite ☐ Bruise ☐ Bump ☐ Burn ☐ Cut ☐ Fracture ☐ Hazardous Substance Exposure ☐ Illness (Explain Below) ☐ Laceration ☐ No Sign of Injury ☐ Overdose ☐ Puncture ☐ Redness ☐ Scratch ☐ Sprain/ Strain ☐ Sting ☐ Swelling

Illness (Explain) _____

☐ Other (Explain) _____

12. Part of Body Injured:

☐ Abdomen ☐ Ankle (L/R) ☐ Arm (L/R) ☐ Back ☐ Cheek (L/R) ☐ Chest ☐ Chin ☐ Ear (L/R) ☐ Elbow (L/R) ☐ Eye (L/R) ☐ Eyebrow (L/R) ☐ Finger (L/R) ☐ Foot (L/R) ☐ Forearm (L/R) ☐ Forehead ☐ Hand (L/R) ☐ Head ☐ Knee (L/R) ☐ Leg (L/R) ☐ Lip ☐ Mouth ☐ Neck ☐ No sign of injury ☐ Other - (Specify) _____ ☐ Nose ☐ Ribs (L/R) ☐ Shoulder (L/R) ☐ Tooth ☐ Wrist (L/R)

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)