

STUDENT INJURY REPORT

This form is to be completed when a student suffers more than a minor injury while involved in a school sponsored activity.

Student's Name _____ M() F() Date of Birth ____/____/____ Grade _____

School Name _____ Date of Injury ____/____/____ Time: _____ AM _____ PM

Student's Address: _____ ZIP _____ Phone _____

Body Part Injured: (Identify R or L if applicable)

Head

____ Ear
____ Eye
____ Face
____ Head
____ Mouth
____ Neck
____ Nose

Trunk

____ Abdomen
____ Back
____ Chest
____ Groin
____ Ribs
____ Shoulder

Extremities

____ Upper Arm
____ Elbow
____ Lower Arm
____ Wrist
____ Hand
____ Finger _____
____ Thumb
____ Hip
____ Upper Leg
____ Knee
____ Lower Leg
____ Ankle
____ Foot
____ Toe _____

Type of Injury Suspected:

____ Abrasion
____ Bee sting
____ Bruise/contusion
____ Burn
____ Concussion
____ Cut/Laceration
____ Dislocation
____ Fracture (possible)
____ Inflammation
____ Irritation
____ Puncture
____ Scratch/Surface cut
____ Sliver/Foreign body
____ Sprain/Strain
____ Other _____

First Aid Given

____ Bandage/Applied dressing
____ Cleansed/Washed wound
____ Other _____
____ Cold pack/Ice
____ Direct Pressure
____ Rest _____ (minutes)
____ Splint/Immobilize

Action taken:

____ Returned to class _____ time
____ Parent/Guardian called _____ time
____ Parent/Guardian took home _____ time
____ Parent took to physician _____ time
____ Parent took to ER _____ name of hospital
____ Called 911 _____ time
____ Transferred to hospital _____ name of hospital

Place Where Accident Happened:

____ Blacktop
____ Cafeteria (Lunch tables)
____ Classroom
____ Doors/Hallway
____ Field
____ Gym
____ Lockers
____ Multi-purpose room
____ Playground equipment
____ Restrooms
____ Stairs
____ Other _____

Explanation of Accident:

____ Collision with person
____ Hit with object
____ Collision with obstacle
____ Fall _____ (height of fall)
____ Tripped/slipped
____ Other _____

Activity or Equipment Involved:

____ Altercation
____ Basketball
____ Calisthenics
____ Cross-country
____ Dodgeball
____ Field Trip
____ Football
____ Gymnastics
____ Kickball
____ Running
____ Soccer
____ Softball
____ Tetherball
____ Track & Field
____ Volleyball
____ Other _____

Any additional description of accident (when, where, why, who or how):

Name of person supervising the student at time of injury: _____ Title: _____

Approximate number of students being supervised at the time of accident _____ Did supervisor directly witness accident? ____ Yes ____ No

Signature of person completing form _____ Title: _____

Date: _____