

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)

<u>Head</u>	<u>Trunk</u>	<u>Extremities</u>	
____ Ear	____ Abdomen	____ Upper Arm	____ Hip
____ Eye	____ Back	____ Elbow	____ Upper Leg
____ Face	____ Chest	____ Lower Arm	____ Knee
____ Head	____ Groin	____ Wrist	____ Lower Leg
____ Mouth	____ Ribs	____ Hand	____ Ankle
____ Neck	____ Shoulder	____ Finger _____	____ Foot
____ Nose		____ Thumb	____ Toe _____

Type of Injury Suspected:

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

First Aid Given

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

Action taken:

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

Place Where Accident Happened:

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

Explanation of Accident:

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

Activity or Equipment Involved:

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

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: _____