

STUDENT INJURY REPORT FORM

Name of Injured: _____

Home Address: _____

Home Phone: _____

Business Phone: _____

District _____ School _____ Building _____

Sex: M{ } F-{ } Date of Birth: _____

Grade/Classification: _____

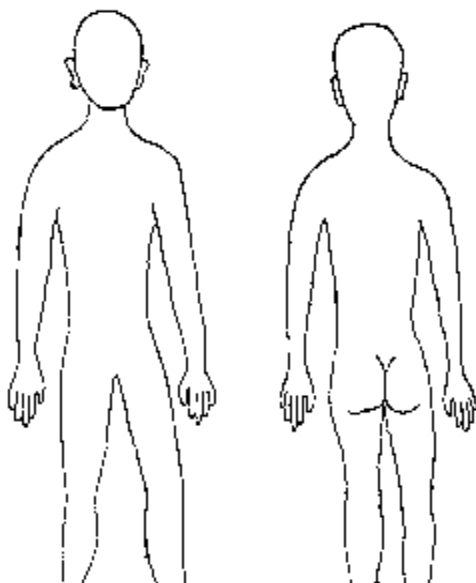
Time Injury Occurred: _____ AM-{ } PM { } Date: _____ Day of Week: _____

APPARENT INJURY

Was there blood/body fluid exposure? Yes__ No__

- | | |
|-----------------------------|---------------------------|
| 1. Abrasion _____ | 9. Laceration _____ |
| 2. Amputation _____ | 10. Puncture _____ |
| 3. Asphyxiation _____ | 11. Scald _____ |
| 4. Bite _____ | 12. Scratch _____ |
| 5. Bruise _____ | 13. Suspected _____ |
| 6. Burn _____ | Sprain _____ |
| 7. Head Injury _____ | 14. Bee Sting _____ |
| 8. Suspected Fracture _____ | 15. Other (specify) _____ |

PLEASE MARK ALL INJURY SITES WITH THE NUMBER OF THE INJURY RECORDED ABOVE.



CONTRIBUTING FACTORS

Describe any factors which may have contributed to the injury: tool, machine, equipment, hazardous materials, seatbelt/helmet, weather, drugs, alcohol.

How did the injury happen? What was the injured doing? Who else besides the injured was directly involved? E.g., did one person push or help another?

LOCATION OF INCIDENT

INDOORS

- | | |
|------------------|---------------------|
| Lockers _____ | Shop/Tech.Kd. _____ |
| Auditorium _____ | Showers _____ |
| Cafeteria _____ | Classroom _____ |
| Bathroom _____ | Office _____ |
| Gymnasium _____ | Laboratory _____ |
| Home Econ _____ | Maintenance _____ |

OUTDOORS

- | | |
|----------------------|--------------------------------|
| Athletic Field _____ | Community Site (specify) _____ |
| Car/Van _____ | _____ |
| Parking Lot _____ | _____ |
| School Bus _____ | _____ |
| School Ground _____ | _____ |
| Playground _____ | _____ |

EXTERNAL CAUSE OF INJURY (Check one)

<p>Transport-related</p> <p>Motor vehicle-related:</p> <p>Injured person was:</p> <p>occupant..... []</p> <p>riding a bicycle []</p> <p>pedestrian []</p> <p>riding a motorcycle/moped..... []</p> <p>Involving a snowmobile or ATV not on public highway []</p> <p>Non-motor vehicle-related:</p> <p>Involving bicycle (non-motorized)..... []</p> <p>Other transport-related injuries []</p> <p>Fire, flames, and hot substance unintentional..... []</p> <p>Injury purposely inflicted by other person</p> <p>Unarmed fight []</p> <p>Injured by weapon []</p> <p>specify weapon _____</p> <p>Other []</p>	<p>Falls</p> <p>From playground equipment []</p> <p>Involving collisions in sports []</p> <p>Involving diving/jumping into pool..... []</p> <p>Other falls []</p> <p>Foreign bodies (unintentional)</p> <p>Entering eye area []</p> <p>Entering other orifice []</p> <p>Striking against or struck unintentionally by objects or persons</p> <p>in sports []</p> <p>other []</p> <p>Machinery in operation (unintentional) []</p> <p>Cutting/piercing instrument (unintentional)..... []</p> <p>Firearms (unintentional) []</p> <p>Overexertion []</p> <p>Intentional and self-inflicted..... []</p> <p>Other..... []</p>
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MEDICAL RISK FACTORS

Describe any known physical/mental conditions of the injured; e.g., wheelchair use/disability; sensory impairment; mental retardation. (name): _____

ACTION TAKEN

Who determined what actions were taken?

[] First aid treatment By _____

Describe treatment _____

[] Sent to school nurse

[] Sent to office

[] Sent home

[] Sent to physician/dentist
Doctor's name: _____

[] Sent to hospital: Name _____

[] Ambulance Transport: Name _____

[] Remained in school/classroom

[] Sent home with recommendation for follow-up by doctor

FOLLOW-UP

<p>Attempt to notify parent? No [] Yes []</p> <p>By whom: _____ Time/Date: _____</p> <p>Who else was notified?</p> <p>Name: _____</p> <p>Witness to incident:</p> <p>1. Name: _____ Address: _____</p> <p>2. Name: _____ Address: _____</p>	<p>Adult in charge when injury occurred (enter name): _____</p> <p>Relationship: _____</p> <p>Was this adult present at scene of injury?</p> <p>NO [] YES []</p>
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Signature & Title of Person
Completing this form: _____ Date: _____

Routed to Principal/Supervisor, copy to be sent to: Superintendents office and school nurse
Signature of Principal: _____ Date: _____