

# Student Injury Report Form

1. Student's name \_\_\_\_\_ 3. Grade \_\_\_\_\_ 5. ( ) Male ( ) Female  
 2. School name \_\_\_\_\_ 4. Date of injury \_\_\_\_\_ 6. Time of injury \_\_\_\_\_  
 7. Days absent: \_\_\_ Less than 1/2 \_\_\_ 1/2 \_\_\_ 1 \_\_\_ 1 1/2 - 2 \_\_\_ 2 1/2 - 3 \_\_\_ Other: \_\_\_\_\_

8. First Aid given: \_\_\_\_\_ Ice \_\_\_\_\_ Washed wound \_\_\_\_\_ Kept immobile \_\_\_\_\_ Observed  
 \_\_\_\_\_ Stopped bleeding \_\_\_\_\_ Applied splint \_\_\_\_\_ Applied dressing \_\_\_\_\_ Other

Explain: \_\_\_\_\_

9. Body part injured:

<b>Head</b>	<b>Trunk</b>	<b>Extremities</b>	<b>Other</b>
___ Ear	___ Abdomen	___ Ankle	___ Lower arm
___ Eye	___ Back	___ Elbow	___ Lower leg
___ Face	___ Chest	___ Finger	___ Thumb
___ Head	___ Groin	___ Foot	___ Toes
___ Neck	___ Shoulder	___ Hand	___ Upper arm
___ Scalp	___ Trunk	___ Hip	___ Upper leg
		___ Knee	___ Wrist

10. Type of injury suspected:

___ Laceration/Abrasion	___ Bruise/Contusion
___ Sprain/Strain	___ Dislocation
___ Fracture	___ Concussion
___ Surface cut/Scratch	___ Burn
___ Other : _____	

11. Action taken:

___ Parent took home	___ Transfer to hospital	___ Parent took to doctor
___ Returned to class	___ Called 911	___ Parent took to ER
___ Other : _____		___ Time spent in nurse's office

12. Explanation of accident:

___ Collision with person	___ Collision with obstacle
___ Hit with object	___ Injury to self
___ Fall _____ Height of fall	___ Other _____

13. Accident location:

___ Classroom	___ Playground	___ Gym	___ Assembly
___ Stairs	___ Hallway	___ Bus	___ P.E. class
___ Before School	___ After school	___ Other _____	

14. Surface:

___ Blacktop	___ Dirt	___ Grass	___ Synthetic surface
___ Carpet	___ Pea gravel	___ Mats	___ Rubber tile
___ Concrete	___ Ice/Snow	___ Sand	___ Wood products
___ Other: _____			
___ Depth of loose fill material			

15. Activity:

<input type="checkbox"/>	1. Baseball/Softball 2. Basketball 3. Bicycling 4. Climbing 5. Dodge ball	6. Fighting 7. Flag/Touch football 8. Jumping 9. Kickball 10. Playground equipment	11. Playing on bars 12. Running 13. Rough housing 14. Sliding 15. Sliding on ice	16. Soccer 17. Swinging 18. Throwing rocks or snowballs 19. Track/Field	20. Volleyball 21. Walking 22. Other: _____ _____ _____
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16. Equipment: Was playground equipment involved in injury? \_\_\_ Yes \_\_\_ No  
 IF YES, (a) Did equipment appear to be used appropriately? \_\_\_ Yes \_\_\_ No  
 (b) Was there any apparent malfunction of equipment? \_\_\_ Yes \_\_\_ No

Check which piece	___ Arch climber	___ Slide
	___ Cargo net	___ Sliding pole
	___ Chinning bar	___ Track ride
	___ Horizontal ladder	___ Swing
	___ See Saw	___ Other _____

17. Describe: Describe specifically how the injury happened. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Signed: \_\_\_\_\_ Signed: \_\_\_\_\_  
 (Person filing report) (Principal)