INJURY REPORT FORM

Fill out electronically for EVERY accident occurring on school grounds. Complete within 24 hours and email to the site Principal (see instructions for filling out Injury Report).

Name of Injured Person: _____ ID #: _____ Gender: ____ Grade: ____

School/Building: _____ Room #: ____ Incident Date: _____ Incident Time: _____

NATURE OF INCIDENT/INJURY

- ☐ Abrasion
- ☐ Amputation
- ☐ Bite
- ☐ Breath
- ☐ Bruise/Contusion
- ☐ Burn
- ☐ Dislocation
- ☐ Concussion
- ☐ Fracture
- ☐ Head Injury
- ☐ Laceration/Cut
- ☐ Poisoning
- ☐ Puncture
- ☐ Scratches
- ☐ Sprain/Strain
- ☐ Foreign Body
- ☐ Other: _____

PART OF THE BODY INVOLVED

- ☐ Abdomen
- ☐ Ankle
- ☐ Arm (lower/upper)
- ☐ Back/Neck
- ☐ Chest/Rib
- ☐ Ear
- ☐ Elbow
- ☐ Other: _____
- ☐ Eye
- ☐ Face
- ☐ Finger/Thumb
- ☐ Foot/Toes
- ☐ Hand
- ☐ Head
- ☐ Hip
- ☐ Knee
- ☐ Leg (lower/upper)
- ☐ Mouth
- ☐ Nose
- ☐ Shoulder
- ☐ Tooth
- ☐ Wrist

ACTIVITY AT TIME OF INCIDENT/INJURY

- ☐ Athletics - Activity? _____
- ☐ Recess/Playground.- Activity? _____
- ☐ Blacktop ☐ Concrete ☐ Grass ☐ Dirt ☐ (check one)
- ☐ Phys Ed.- Activity? _____
- ☐ Playground Equipment
- ☐ Classroom – Activity? _____
- ☐ Medication Related?
- ☐ Other: _____

LOCATION OF INCIDENT/INJURY

- ☐ Athletic Field
- ☐ Auditorium/Assembly
- ☐ Cafeteria
- ☐ Classroom
- ☐ Corridor
- ☐ Gymnasium
- ☐ Bus
- ☐ Laboratories
- ☐ Other: _____
- ☐ Locker
- ☐ Locker Room
- ☐ Pool
- ☐ Restroom
- ☐ School Grounds
- ☐ Stairs
- ☐ Field Trip
- ☐ Before/After School

Was area supervised? ☐ YES ☐ NO **Name of Supervisor/Title:** _____

Describe specifically how incident/injury occurred (type in shaded area below):

gfgmdfkgmldfkmg

Witnesses: First/Last Name of Witness: _____ CUSD ID# _____

First/Last Name of Witness: _____ CUSD ID# _____

First/Last Name of Witness: _____ CUSD ID# _____

Was first-aid, treatment, etc. given (describe in shaded area below):

fgdfkmgkldfmgkldfmlgm

Was Professional medical attention required? ☐ YES ☐ NO _____

Were paramedics called? ☐ YES ☐ NO Health Clerk/Nurse Name and Title

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FOLLOW-UP ☐ Parent contacted ☐ Unable to contact parent ☐ Other contact: _____

☐ Returned to class ☐ Sent home ☐ Head Injury Report Sent ☐ Injury Report Sent

PERSON COMPLETING REPORT: _____ **DATE:** _____

First & Last Name

_____ _____

Principal Electronic Signature Assistant Superintendent of Business

Additional Information:

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