

Student Injury Report

Email completed report to Risk Management and the District Nurse

School/Department Reporting: _____

Student Name: _____ **Date of Birth:** ___/___/___ **Grade:** ___

Address: _____ **City:** _____ **Zip:** _____

Name of Parents/Guardian: _____ **Telephone:** _____

Date of Injury: _____ **Name/Title of Employee supervising student:** _____

Location where injury occurred: Building area _____ Playground Bus Off premises

Activity: Class (name): _____ PE (activity) _____ Athletics (sport): _____

Lunch Recess Passing period Before/After school Fighting/horseplay

Body Part Injured: Head Face Eye Ear Nose Tooth Neck Chest Back

Shoulder Arm Elbow Wrist Hand Finger Leg Knee Ankle Foot Toe

Observations: Abrasion Blister Broken skin Bruising Bump Cut/Laceration Disfigured

Redness Swelling Other _____

Conditions reported by student: _____

Describe in detail how the injury occurred: _____

Care of injury: _____

Parent/Guardian notified _____

911 called

Student was transported _____

Student went to doctor _____

Student went to hospital _____

Student continued classes

Student remained in health office

Student left school to go home **Date returned:** _____

Person completing report _____ **Date** _____

Principal/Supervisor _____ **Date** _____

Risk Management _____ **Date** _____