

# Student Injury Report

## Incident Information

Name		Date of Incident	Time of Incident	Witness(es)
<b>Location of Incident</b> <ul style="list-style-type: none"> <li>○ Athletic field</li> <li>○ Bus</li> <li>○ Cafeteria</li> <li>○ Classroom</li> <li>○ Gymnasium</li> <li>○ Hallway</li> <li>○ Parking Lot</li> <li>○ Playground</li> <li>○ Restroom</li> <li>○ Stairway</li> <li>○ Vocation shop/lab</li> <li>○ Other</li> </ul>	<b>Equipment Involved</b> <ul style="list-style-type: none"> <li>○ No Equipment Involved</li> <li>○ Equipment Involved</li> </ul>	<b>Surface</b> <ul style="list-style-type: none"> <li>○ Asphalt Carpet</li> <li>○ Concrete</li> <li>○ Dirt</li> <li>○ Gravel</li> <li>○ Gymnasium floor</li> <li>○ Ice/Snow</li> <li>○ Lawn/grass</li> <li>○ Mat(s)</li> <li>○ Sand</li> <li>○ Synthetic surface</li> <li>○ Tile</li> <li>○ Wood chips/mulch</li> <li>○ Other</li> </ul>	<b>Contributing Factor(s)</b> <ul style="list-style-type: none"> <li>○ Animal bite</li> <li>○ Collision with object</li> <li>○ Collision with person</li> <li>○ Compression/pinch</li> <li>○ Contact with substance</li> <li>○ Fall</li> <li>○ Hit with thrown object</li> <li>○ Overextension/twisted</li> <li>○ Physical Altercation</li> <li>○ Struck by auto, bike, etc.</li> <li>○ Struck by bat, swing, etc.</li> <li>○ Tripped/Slipped</li> <li>○ Other</li> </ul>	

### Type of Injury

[illegible]

**Description of the incident**

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**Response to incident**

Response	Time	By Whom
<input type="radio"/> Care and comfort (TLC)		
<input type="radio"/> First Aid		
<input type="radio"/> Restricted School Activity		
<input type="radio"/> Called 911		

**Parent/Guardian Notified:**

- ☐ At time of incident
- ☐ After school day of incident
- ☐ Phone call day of incident
- ☐ Email day of incident

**School Insurance Form was provided to Parent/Guardian the day of incident:**

- ☐ Yes, for parent/guardian to follow through with further medical care
- ☐ No, parent declined need of further medical care

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Signature of School Staff Member

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Date