Student Injury Report

Incident Information

Name			Date of Incider	nt	Time of Incident	Witness(es)						
Locatio	n of Incident	Equip	ment Involved	Surface		Contributing Factor(s)						
0	Athletic field	0	No	0	Asphalt Carpet	 Animal bite 						
0	Bus		Equipment	0	Concrete	 Collision with object 						
0	Cafeteria		Involved	0	Dirt	 Collision with person 						
0	Classroom			0	Gravel	 Compression/pinch 						
0	Gymnasium	0	Equipment	0	Gymnasium floor	 Contact with substance 						
0	Hallway		Involved	0	Ice/Snow	o Fall						
0	Parking Lot			0	Lawn/grass	 Hit with thrown object 						
0	Playground			0	Mat(s)	 Overextension/twisted 						
0	Restroom			0	Sand	 Physical Altercation 						
0	Stairway			0	Synthetic surface	 Struck by auto, bike, etc. 						
0	Vocation			0	Tile	 Struck by bat, swing, etc. 						
	shop/lab			0	Wood	Tripped/Slipped						
0	Other				chips/mulch	o Other						
				0	Other							
	_											

Type of Injury

	Head	Eye	Ear	Nose	Mouth/lips	Tooth/teeth	Jaw	Chin	Neck/throat	Collarbone	Shoulder	Upper arm	Elbow	Forearm	Wrist	Hand	Finger	Fingernail	Chest/ribs	Back	Abdomen	Groin	Genitals	Pelvis/hip	Feg	zKnee	Ankle	Foot	Toe
Abrasion/Scrape																													
Bite																													
Bump/swelling																													
Bruise																													
Burn/scald																													
Cut/laceration																													
Dislocation																													
Fracture																													
Pain/tenderness																													
Puncture																													
Sprain																													
Other																													

esponse to	incident		
Response		Time	By Whom
	and comfort (TLC)		
o First	Aid		
o Rest	ricted School Activity		
o Calle	d 911		
arent/Guard	ian Natified	<u> </u>	I
arent/Guaru	At time of incident		
0	After school day of	ncident	
0	Phone Call day of in		
0	Email day of incider		
chool Insurar	nce Form was provided	d to Parent/Guardian the	day of incident
0	Yes, for parent/guar	dian to follow through wi	ith further medical care
0	No, parent declined	need of further medical of	care