



INJURY REPORT

NAME OF STUDENT: _____ AGE: _____ SEX: _____

GRADE: _____ TEACHER: _____ SCHOOL: _____

DATE OF INJURY: _____ TIME OF INJURY: _____

FIRST RESPONDER: _____

<u>Place of Injury</u>	<u>Nature of Injury</u>	<u>Body part(s) Injured</u>		
___ Classroom	___ Abrasion	___ Abdomen	___ Ear	___ Head
___ Hallway	___ Asphyxia	___ Ankle	___ Elbow	___ Knee
___ Bathroom	___ Bee Sting	___ Arm	___ Eye	___ Leg
___ Cafeteria	___ Burn	___ Back	___ Face	___ Nose
___ Playground	___ Fracture/Sprain	___ Buttocks	___ Foot	___ Teeth
___ Gymnasium	___ Head Injury	___ Chest	___ Hand	___ Wrist
___ Bus	___ Laceration			
___ Other _____	___ Other _____			___ Other _____

DESCRIPTION OF HOW INJURY OCCURRED: _____

WERE PARENTS CALLED: ___ YES ___ NO ___ UNABLE TO REACH

ACTION TAKEN BY SCHOOL: _____

PRINCIPAL / DESIGNEE SIGNATURE

_____/_____/_____
DATE