



# INJURY/INCIDENT REPORT

Name of Student: \_\_\_\_\_ DOB: \_\_\_\_\_ Sex: \_\_\_\_\_

Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_ School: \_\_\_\_\_

Date of injury: \_\_\_\_\_ Time: \_\_\_\_\_

<u>Place of Injury</u>	<u>Nature of Injury</u>	<u>Body Part Injured</u>		
<input type="checkbox"/> Classroom	<input type="checkbox"/> Abrasion	Abdomen	Elbow	Leg
<input type="checkbox"/> Hallway	<input type="checkbox"/> Asphyxia	Ankle	Eye	Nose
<input type="checkbox"/> Bathroom	<input type="checkbox"/> Burn	Arm	Face	Teeth
<input type="checkbox"/> Lunchroom	<input type="checkbox"/> Fracture/Sprain	Back	Foot	Wrist
<input type="checkbox"/> Playground	<input type="checkbox"/> Head Injury	Buttocks	Hand	
<input type="checkbox"/> Gymnasium	<input type="checkbox"/> Laceration	Chest	Head	
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	Ear	Knee	

Explain what happened (to be completed by student's teacher/first person arriving at event): \_\_\_\_\_

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Observations noted (if assessed by School nurse or Teacher Assistant): \_\_\_\_\_

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Were parents notified? Yes \_\_\_\_\_ No \_\_\_\_\_ Time Notified: \_\_\_\_\_

Sent to the Emergency Room: Yes \_\_\_\_\_ No \_\_\_\_\_

Describe treatment and disposition: \_\_\_\_\_

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School Nurse Signature \_\_\_\_\_

Teacher of Student Involved Signature \_\_\_\_\_

Principal Signature \_\_\_\_\_