

STUDENT REPORT

Incident ___ Injury ___ Other ___ Date & Time of Occurrence: _____

Date reported (if different): _____

Name of Person Reporting: _____

Person(s) in Charge _____ Position: _____

STUDENT NAME: _____ Date of Birth: _____

Grade: _____ Witness (if applicable): _____

Location where injury/event occurred:

BUILDING: _____ School Grounds ___ Hallway ___ Classroom ___ Gym ___ Other ___

Describe: _____

Type of **SUSPECTED** injury: laceration ___ bruise/contusion ___ sprain/strain ___ burn ___

(NURSE FILLS OUT) fracture ___ concussion ___ scratch/superficial cut ___ abrasion ___

Other _____

EXPLANATORY CAUSE:

Collision with person/object ___ Accident ___ Hit with Object ___ Fall ___ Aggression ___

Other Explanation: _____

Caused by another person (if applicable): _____

BODY PART INVOLVED:

Nose ___

TRUNK

EXTREMITIES (state right or left)

Ear ___

Abdomen ___

Ankle ___ Lower Arm ___

Eye ___

Back ___

Elbow ___ Lower Leg ___

Face ___

Chest ___

Finger ___ Thumb ___

Neck ___

Groin ___

Foot ___ Toes ___

Scalp ___

Shoulder ___

Hand ___ Upper Arm ___

Head ___

Trunk ___

Hip ___ Upper Leg ___

Wrist ___ Knee ___

Comment (if needed): _____

Intervention/Treatment:

First Aid Given: _____

Resolution:

Return to class ___ Home ___ Dr. /Hospital _____

Parent/Guardian Notified: YES/NO MOM/DAD/OTHER Name: _____

How: Phone ___ Email ___ Text ___ Comments: _____

Referral (If Needed): _____

Additional comments if needed: _____

Nursing Signature: _____ Administration Signature: _____