

# STUDENT INJURY REPORT FORM

## SCHOOL DISTRICT OF PHILLIPS

In the event of a student accident, however slight, on school premises, during school activity, or in school vehicle to and from school, the principal or supervisor will make a report on this form.

<b>Last Name</b>	<b>First Name</b>	<b>Middle Init.</b>	<b>Grade/Graduation Year</b>	
<b>School/Building</b>	<b>Date of Accident</b> Mo. _____ Day _____ Year _____		<b>Time of Accident</b> _____ AM _____ PM	<b>Reported to Supervisor</b> _____ Yes _____ No Date _____ Time _____
<b>Directly Supervised?</b> _____ Yes _____ No	<b>Parents/Emergency Contact Notified?</b> _____ Yes _____ No _____ Phone _____ Letter Name of Contact _____		<b>Taken Home?</b> _____ Yes _____ No <b>If Yes:</b> By _____	
<b>Sent to Clinic/Physician?</b> _____ Yes _____ No			<b>Sent to Hospital</b> _____ Yes _____ No	
<b>If Yes:</b> Name _____			<b>If Yes:</b> Name _____ By _____	
<b>Anatomical Location</b> ___ Abdomen ___ Ankle R ___ L ___ ___ Arm R ___ L ___ ___ Back ___ Chest ___ Collarbone ___ Ear R ___ L ___ ___ Eye R ___ L ___ ___ Face ___ Finger _____ ___ Foot R ___ L ___ ___ Hand R ___ L ___ ___ Head ___ Knee R ___ L ___ ___ Leg R ___ L ___ ___ Ligament ___ Mouth ___ Muscle ___ Neck ___ Nose ___ Ribs R ___ L ___ ___ Shoulder R ___ L ___ ___ Tooth ___ Thumb R ___ L ___ ___ Other _____	<b>Cause of Injury</b> ___ Animal ___ Chemical ___ Collision ___ Cutting Objects ___ Door ___ Drugs ___ Electrical ___ Explosion ___ Fall/Slip ___ Falling Object ___ Fight/Assault ___ Fire ___ Foreign Object ___ Hot Liquid ___ Kick ___ Knife ___ Lifting ___ Pencil/Pen ___ Poison ___ Running/Jumping ___ Thrown Objects ___ Other _____	<b>Apparent Nature of Injury</b> ___ Abrasion ___ Bite ___ Bruise/Bump ___ Burn ___ Chip ___ Concussion ___ Cut ___ Dislocation ___ Drowning ___ Fracture ___ Laceration ___ Poisoning ___ Pulled ___ Puncture ___ Scratch ___ Shock ___ Sprain/Strain ___ Wound ___ Other _____	<b>Location: Inside</b> ___ Auditorium ___ Cafeteria ___ Classroom ___ Hallway ___ Gym ___ Home Ec ___ Lab ___ Locker/Locker Room ___ Pool ___ Shop ___ Stairs ___ Restroom ___ Other _____ <b>Outside Location</b> ___ Auto-Bicycle ___ Auto-Pedestrian ___ Blacktop ___ Field Trip ___ Ice Rink ___ Park Area ___ Parking Area ___ Playing Field ___ School Bus ___ School Forest ___ Sidewalk ___ Slides ___ Other _____	<b>Interscholastic Athletics</b> ___ Baseball ___ Basketball ___ Cross Country ___ Football ___ Soccer ___ Softball ___ Track & Field ___ Tennis ___ Volleyball ___ Wrestling ___ Other _____ <b>High School Club Sports</b> ___ Golf ___ Hockey ___ Pom/Dance ___ Powerlifting ___ Swimming ___ Other _____
Witness: (Name) 1. _____ Witness: (Name) 2. _____			<b><u>Lost Time</u></b>	
Give detailed accident description: (What was student doing? How did accident happen? Action taken?) Be specific about serious injuries when medical attention is required. For further reference: (Example) Type of first aid administered if any. How could this type of injury be prevented in the future? Add additional sheet if necessary.				
<b>Date</b>	<b>Supervisor Preparing Report</b>			<b>Supervisor Signature</b>

Copies to:            District Office                            Building Principal                            Teacher/Coach                            Parent                            Office