

School Injury/Incident Report

Complete where applicable

School District _____

Student _____ Volunteer _____ Visitor _____

NAME:			SCHOOL:		BUILDING:	
GENDER:	AGE:	GRADE:	DATE:		TIME:	am pm
PARENT/GUARDIAN:			PHONE:			

Parent/Guardian Contacted? Yes No _____ why?

First Aid Required? Yes No _____ why?

Please cross out or circle as many as needed

Location:	Injury:	Cause:	Equipment/Activity:	Body Part:	Surface:
1-Athletic field	1-Amputation	1-Animal	1-Base/softball	1-Ankle (L,R)	1-Asphalt
2-Auditorium/stage	2-Asphyxia	2-Athletics	2-Basketball	2-Arm (L,R)	2-Dirt
3-Auto/AG shop	3-Bruise	3-Bitten	3-Chemicals	3-Back	3-Pea gravel
4-Cafeteria	4-Burn	4-Body reaction	4-Climber	4-Entire body	4-Rubber/foam
5-Hallway	5-Chipped/broken	5-Choking	5-Climbing rope	5-Eye (L,R)	chips
6-Woodshop	tooth	6-Broken equipment	6-Drill/drill press	6-Finger (L,R)	5-Rubber mat
7-Gym	6-Concussion	7-Diving	7-Football	7-Foot (L,R)	6-Sand
8-Class	7-Cut/contusion	8-Fight	8-Heating appliance	8-GI tract	7-Wood chip
9-Metal shop	8-Dislocation	9-Horseplay	9-Horizontal ladder	9-Hand (L,R)	8-Tile
10-Playsite,	9-Dizziness	10-Jumping	10-Jungle gym	10-Head/face	9-Stairs
on equipment	10-Fatality	11-Kicked	11-Merry-go-round	11-Knee (L,R)	10-Cement
11-Playsite,	11-Foreign body,	12-Motor vehicle	12-Open field	12-Leg (L,R)	11-Other*
not on	eye	13-Tackled	13-Golf	13-Mouth/lip	
equipment	12-Fracture	14-Overexertion	14-Riding in vehicle	14-Neck/throat	
12-Sidewalk	13-Headache	15-Poked/stabbed	15-Wood/metal saw	15-Nose	
13-Field trip	14-Internal	16-Pushed	16-Seesaw	16-Wrist (L,R)	
14-Parking lot	15-Strain	17-Struck by/against	17-Tire/tire swing	17-Other*	
15-Pool	16-Poison	18-Running	18-Shaper/Router		
16-Weight room	17-Sprain	19-Sliding	19-Slide		
17-Grandstand	18-Puncture	20-Slip, trip/fall	20-Slide/Pole		
18-Other*	19-Seizure	21-Other*	21-Soccer		
	20-Other*		22-Spring rocker		
			23-Tennis		
			24-Other*		

Additional Information

Other:

Transport to
Hospital:

Location: _____

Completed

by:

Witness:

Principal

Signature:

Phone: