

STUDENT INJURY REPORT FORM
UTAH DEPARTMENT OF HEALTH
VIOLENCE & INJURY PREVENTION PROGRAM

This form is to be completed immediately following the occurrence of any injury that is severe enough to: (a) cause the loss of one-half day or more of school, (b) warrant medical attention and treatment (i.e. school nurse, M.D., E.R., etc.) and/or require reporting according to School District policy. Additional instructions on back.

1. Child's Name _____ 5. Date of Birth ____/____/____ 8. Date of Injury ____/____/____
 2. Parent's Name _____ mo day yr mo day yr
 3. District Name _____ # _____ 6. Grade _____ 9. () Male () Female
 4. School Name _____ # _____ 7. Time of Injury _____ () am () pm 10. Fatal () Yes () No

11. DAYS ABSENT: Record letter of the DAYS absent from school related to this injury in box at left. If no absence, record letter "a".
 a) Less than 1/2 b) 1/2 c) 1 d) 1 1/2 - 2 e) 2 1/2-3 f) If more than 3 days, then specify # _____ days

12. ACTION TAKEN: PLEASE CHECK AND COMPLETE ALL THAT APPLY.

1. <input type="checkbox"/> First aid administered _____ () am () pm	TIME: _____	BY WHOM (Title codes on back) _____
2. <input type="checkbox"/> Parent or guardian notified _____ () am () pm	_____	Specify name _____
3. <input type="checkbox"/> Unable to contact parent/guardian _____ () am () pm	_____	Specify name _____
4. <input type="checkbox"/> Remained in or returned to class		9. <input type="checkbox"/> Called 911
5. <input type="checkbox"/> Sent/taken home		10. <input type="checkbox"/> Seen by M.D./E.R./health care provider/hospital/etc. Diagnosis: _____
6. <input type="checkbox"/> Parents deemed no medical action necessary		11. <input type="checkbox"/> Hospitalized Specify length: _____
7. <input type="checkbox"/> Checked by school nurse		12. <input type="checkbox"/> Restricted school activity Specify length: _____
8. <input type="checkbox"/> Checked by EMT on staff		13. <input type="checkbox"/> Other-Specify _____

13. NATURE OF INJURY: List the injuries/symptoms incurred. (Record # in boxes at left.)

<input type="checkbox"/> More Severe	1. Abrasion/Scrape	5. Cut/Laceration	9. No Pulse/Heartbeat	13. Shortness of Breath
<input type="checkbox"/> Less Severe	2. Bump/Bruise/Contusion	6. Dislocation (possible)	10. Not Breathing	14. Sprain/Strain/Tear
	3. Burn/Scald	7. Fracture/Broken (possible)	11. Pain/Tenderness Only	15. Swelling/Inflammation
	4. Concussion (possible)	8. Loss of Consciousness	12. Puncture	16. Other _____

14. AREA AFFECTED: List area affected for each injury/symptom code listed in 13 above. (Record # in boxes at left.)

	HEAD	TRUNK	EXTREMITIES
<input type="checkbox"/> More Severe	1. Chin/Cheek	6. Neck/Throat	10. Stomach
<input type="checkbox"/> Less Severe	2. Ear	7. Nose	11. Back
	3. Eye	8. Head	12. Buttocks
	4. Forehead	9. Tooth/Teeth	13. Chest/Ribs
	5. Mouth/Tongue/Lip	14. Collarbone	15. Genitalia
			16. Internal
			17. Pelvis/Hip
			18. Shoulder
			19. Ankle
			20. Arm
			21. Elbow
			22. Finger/Thumb
			23. Foot
			24. Hand/Wrist
			25. Knee
			26. Leg
			27. Toe

15. CONTRIBUTING FACTOR: List factor which may have led to the injury. (Record # in box at left.)

<input type="checkbox"/>	1. Animal bite (dog bite etc.)	5. Contact with fire, hot liquid or hot object	9. Hit with thrown object	13. Unknown
	2. Collision with object or person	6. Drug, alcohol or other substance	10. Overexertion/Twisted	14. Weapon (gun, knife, etc.)
	3. Compression/Pinch	7. Fall	11. Seizure disorder	Specify _____
	4. Contact with equipment (shop, P.E.)	8. Foreign body/Object	12. Tripped/Slipped	15. Other _____

16. PERIOD: List period during which injury occurred. (Record # in box at left.)

<input type="checkbox"/>	1. After school	4. Athletic practice session	7. Class time (exclude PE)	10. Lunch	13. P. E. class
	2. Assembly	5. Before school	8. Field trip	11. Lunch recess	14. Other _____
	3. Athletic event (team competition)	6. Class change	9. Intramural competition	12. Recess	

17. SURFACE: List surface on which injury occurred. (Record # in box at left.)

<input type="checkbox"/>	1. Blacktop	4. Dirt	7. Lawn/Grass	10. Synthetic surface	12. Wood(waxed)
	2. Carpet	5. Gravel	8. Mats	(i.e. Tartan surface)	13. Other _____
	3. Concrete	6. Ice/Snow	9. Sand	11. Tile	14. Fibar/Wood Chips

18. LOCATION: List location at which injury occurred. (Record # in box at left.)

<input type="checkbox"/>	1. Athletic field	5. Corridor/Hall (exclude stairs)	9. Lunchroom/Kitchen	13. Sidewalk/Stairs/Ramp
	2. Auditorium/Multipurpose	6. Doorway	10. Playground/Playfield	14. Street/Driveway/Parking Area
	3. Bus loading area	7. Gymnasium	11. School bus/Public bus	15. Restroom/Lavatory
	4. Classroom	8. Lab (Home Ec., Chem., etc.)	12. Shop (Industrial Arts, etc.)	16. Other _____

19. ACTIVITY: List activity during which injury occurred. (Record # in box at left.)

<input type="checkbox"/>	1. Baseball/Softball	7. Fighting	13. Playing on bars (monkey bars/big toy/etc.)	18. Sliding or snowballs	24. Throwing rocks
	2. Basketball	8. Flag/Touch football	14. Riding	19. Sliding on ice	25. Track and field
	3. Bicycling	9. Football	15. Running	20. Sitting	26. Volleyball
	4. Classroom activity	10. Gymnastics/Tumbling	16. Roughhousing	21. Soccer	29. Other _____
	5. Climbing	11. Jumping	17. Settling up/Moving equip	22. Standing	
	6. Dodge ball/War ball	12. Kickball	18. Swinging	23. Walking	
			19. Wrestling		

20. EQUIPMENT: Was equipment or apparatus involved in injury? Yes No IF YES (a) Did equipment appear to be used appropriately? Yes No
 Specify equipment _____ (b) Was there any apparent malfunction of equipment? Yes No

21. DESCRIPTION: Describe specifically how the injury happened:

22. _____ Signature of Person Making Report Title Code _____ 23. _____ Principal's Signature