

NADI SANGAM PRIMARY SCHOOL

STUDENT INJURY REPORT FORM

Student Information

Name:					Date of incident:	
Date of birth:		Grade:		<input type="checkbox"/> Male	<input type="checkbox"/> Female	Time of incident:

Parent/Guardian Information

Names:		Work Phone:	
Address:		Home Phone:	
City:		Cell Phone:	

School Information

School:		Phone:	
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Location of Incident

- ☐ Athletic field ☐ Classroom ☐ Gymnasium ☐ Parking lot ☐ Restroom ☐ Vocational shop/lab
☐ Bus ☐ Hallway ☐ Playground ☐ Stairway
☐ Other, explain:

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Time of Incident

- ☐ Recess ☐ Lunch ☐ P.E. class ☐ In class (not P.E.) ☐ Class change ☐ Field trip
☐ Before school ☐ After school ☐ Unknown
☐ Other, explain: _____

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Athletic Practice/Session

- ☐ Athletic team competition ☐ Intramural competition

Equipment

- ☐ No equipment involved
- ☐ Equipment involved, describe:

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Surface (check all that apply)

- ☐ Concrete ☐ Carpet ☐ Gravel ☐ Ice/snow ☐ Mat(s) ☐ Synthetic surface ☐ Wood chips/mulch
☐ Dirt ☐ Lawn/grass ☐ Sand ☐ Tile ☐ Gymnasium floor
☐ Other, specify: _____

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Type of Injury (check all that apply)

[illegible]

Contributing Factors (check all that apply)

- ☐ Animal bite ☐ Compression/pinch ☐ Overextension/twisted ☐ Struck by object (bat, swing, etc.)
☐ Hit with thrown object ☐ Fall ☐ Tripped/slipped ☐ Collision with object
☐ Contact with hot or toxic substance ☐ Foreign body/object ☐ Physical altercation
☐ Collision with person ☐ Drug, alcohol or other substance ☐ Struck by auto, bike, etc.
☐ Weapon, specify:

☐ Other, explain:

Description of the Incident

Witnesses to the Incident

Staff Involved (check all that apply)

- ☐ Assistant staff ☐ Bus driver ☐ Cafeteria staff ☐ Custodian ☐ Nurse ☐ Principal ☐ Secretary ☐ Teacher
☐ Other, specify:

Incident Response (check all that apply)

<input type="checkbox"/> First Aid	Time:		By whom:	
<input type="checkbox"/> Called 919/917	Time:		By whom:	
<input type="checkbox"/> Parent/guardian notified	Time:		By whom:	
<input type="checkbox"/> Unable to contact parent/guardian	Time:		By whom:	
<input type="checkbox"/> Parents decided no medical action necessary	<input type="checkbox"/> Returned to class		<input type="checkbox"/> Sent/taken home	
<input type="checkbox"/> Taken to health care provider/clinic/hospital/urgent care	Diagnosis:		Days of school missed:	
<input type="checkbox"/> Hospitalized	Diagnosis:		Days of school missed:	
<input type="checkbox"/> Restricted school activity	Explain:			
	Length of time restricted:		Days of school missed:	
<input type="checkbox"/> Other, explain:				

Describe Care Provided to the Student:

Additional Comments:

Signature of staff member completing form

Date/time

Nurse's signature (If Applicable)

Date/time

Head Teachersl's signature

Date/time