Queen Anne’s County School Health

STANDARD STUDENT INJURY REPORT FORM

School: ___________________________ Date: ___________________________

Student: ___________________________ Sex: Male ☐ Female ☐ Grade: _____

Time Accident Occurred: __________________________________________

Where Did Injury Occur: ☐ School Building ☐ School Grounds
☐ School-Sponsored Activity ☐ Bus To/From School

Specify Location:
☐ Classroom ☐ Athletic Field/Playground ☐ Gymnasium
☐ Corridor ☐ Dressing/Locker Room ☐ Auditorium
☐ Stairs ☐ Shower Room ☐ Cafeteria
☐ Lab/Shop ☐ Lavatory ☐ Other

Name of person/teacher present when injury occurred: __________________________

Did you observe the injury? ☐ Yes ☐ No Statement: __________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Signature

Why/How did injury occur? (Injured person’s statement): __________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

If accident on school bus, complete the following:

Bus Number: ___________________________ Driver’s Name: ___________________________

Location of the bus when accident occurred: ______________________________________

COMPLETE REVERSE SIDE OF THIS FORM
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</tbody>
</table>

Subjective (student) complaints (i.e., pain, visual problems, etc.)

Ankle  Hand  Arm  Head  Back  Knee  Elbow  Leg  Eye  Nose  Face  Scalp  Finger  Tooth  Upper  Lower

OBJECTIVE FINDINGS

- Bleeding
- Puncture Wound
- Abrasion
- Swelling
- Burn
- Deformity/Defect
- Discoloration
- Loss of Motion
- Laceration
- Loss of Function

Describe First Aid Given: ________________________________________________________________

First Aid Given By: _________________________

Name ____________________________________________ Time _________________________

Parent Notified? ☐ Yes ☐ No Time: __________________________________________

Other Person(s) Notified: ________________________________

Name ____________________________________________ Time _________________________

Disposition: Time: _________________________

☐ Returned to Class ☐ Taken to Physician By: _________________________

☐ Sent Home ☐ Taken to Hospital By: ________________________________

☐ 911 Called Time: _________________________

Signature of Person Rendering First Aid _________________________ Date _________________________

Signature of Principal _________________________ Date _________________________

Follow Up: Information: _________________________________________________

Date: _________________________

QAC DOH Revised September 2014

Standard Student Injury Report Form.docx