

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

318791

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
 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 # _____

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

TIME:	BY WHOM (Title codes on back)
1. <input type="checkbox"/> First aid administered _____ () am () pm	_____ Specify name
2. <input type="checkbox"/> Parent or guardian notified _____ () am () pm	_____ Specify name
3. <input type="checkbox"/> Unable to contact parent/guardian _____ () am () pm	
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 (i.e. Tartan surface)	12. Wood(waxed)
	2. Carpet	5. Gravel	8. Mats	11. Tile	13. Other _____
	3. Concrete	6. Ice/Snow	9. Sand		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	24. Throwing rocks or snowballs
	2. Basketball	8. Flag/Touch football		19. Sliding on ice	
	3. Bicycling	9. Football	14. Riding	20. Sitting	25. Track and field
	4. Classroom activity	10. Gymnastics/Tumbling	15. Running	21. Soccer	26. Volleyball
	5. Climbing	11. Jumping	16. Roughhousing	22. Standing	27. Walking
	6. Dodge ball/War ball	12. Kickball	17. Setting up/Moving equip	23. Swinging	28. Wrestling
					29. Other _____

20. EQUIPMENT: Was equipment or apparatus involved in injury? Yes No

IF YES (a) Did equipment appear to be used appropriately? Yes No

(b) Was there any apparent malfunction of equipment? Yes No

Specify equipment _____

21. DESCRIPTION: Describe specifically how the injury happened: _____

22. _____ Title Code _____ 23. _____

Signature of Person Making Report Principal's Signature

STUDENT INJURY REPORT FORM INSTRUCTIONS

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
- c. Require reporting according to School District policy.

Item

- 1-2 Self explanatory.
- 3-4 District and school numbers are found in the Utah School Directory published by the State Office of Education.
- 5-10 Self explanatory.
- 11 Do not send the form until you have filled in days missed. If student is going to be absent for an extended period of time, use parent's estimate. If no school is missed, days absent is "a".
- 12 Check and complete all that apply. By marking either #6 or #10 specify whether or not student received medical attention and list diagnosis if known. List title code (from the codes that follow) and name of person(s) who perform first aid and who notify parents.

Title Codes

- | | |
|--------------------------|-------------------------------|
| 1. Advisor/Counselor | 8. School Nurse |
| 2. Assistant Principal | 9. Secretary/Office Aid |
| 3. Bus Driver | 10. Substitute Teacher |
| 4. Coach | 11. Teacher (excluding Coach) |
| 5. Paramedics/EMT | 12. Teacher's/Playground Aid |
| 6. Playground Supervisor | 13. Other |
| 7. Principal | 14. Trainer |

- 13 Of the injuries the child sustained, list whichever is the most severe in the box labeled "more severe" (even if you consider the injury to be minor). The other box is used only if there is more than one injury to the child.
- 14 List the area affected in the "more severe" box that corresponds to the injury listed in the "more severe" box in #13. Do the same for the less severe box.
- 15-16 Self explanatory.
- 17 Describe surface over which injury occurred (i.e. surface upon which child was standing, running, or playing).
- 18-19 Self explanatory.
- 20 If you check no to first question, leave the others blank.
- 21 Briefly describe specifically how the incident happened. If there were witnesses, please list names at the end. If additional space is needed, continue on another sheet of paper and attach.

If you have questions or need self-addressed envelopes or additional forms, please contact the office listed below.

Retain original in school; send copy to School District (according to time frame specified by District policy); and one copy to:

UTAH DEPARTMENT OF HEALTH
VIOLENCE & INJURY PREVENTION PROGRAM
P.O. BOX 142106
SALT LAKE CITY, UTAH 84114-2106
Telephone: (801) 538-6141

Copies for the Department of Health may be retained and submitted on a monthly basis in the self-addressed envelope or to the address above.