## Student Injury Report Form Guidelines

The Florida Department of Health (FDOH) provides the following Student Injury Report Form and guidelines as an example for districts to use in tracking the occurrence of school-related injuries. FDOH suggests completing the form when an injury leads to any of the following:

- 1. The student misses ½ day or more of school.
- 2. The student seeks medical attention (health care provider office, urgent care center, emergency department).
- 3. EMS 9-1-1 is called.

Schools are encouraged to review and use the information collected on the injury report form to influence local policies and procedures as needed to remedy hazards.

### Instructions

- Student, parent and school information: self-explanatory.
- Check the box to indicate the location and time the incident occurred.
- Check the box to indicate if equipment was involved; describe involved equipment. Indicate what type of surface was present where the injury occurred.
- Using the grid, check the body area(s) where the student was injured and indicate what type of injury occurred. Include all body areas and injuries that apply.
- Check the appropriate box(es) for factors that may have contributed to the student's injury.
- Provide a detailed description of the incident. Indicate any witnesses to the event and any staff members who were present. Attach another sheet if more room is needed.
- Incident response: include all areas that apply.
- Provide any further comments about this incident, including any suggestions for what might prevent this type of incident in the future.
- Sign the completed form.
- Route the form to the school nurse and the principal for review/signature.
- Original form and copies should be filed according to district policy.

# Florida Department of Health **Student Injury Report**

Student inforr	nati	on																											
Name																			[	Date o	of inc	ident							
Date of birth										Grade			M	1ale		Fe	emal	le		Time (	of inc	ident							
Parent/guardi	an i	nfor	ma	tion	1																								
Name(s)																			1	Vork	phon	е							
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Address																			ŀ	Home /	phor	ne \							
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City													State		ZIP					Cell p	hone	)	)						
School inform	atio	n													•														
School																				Phone (	Э	,	)						
Location of in	cide	nt cii	rcle or	пе																									
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Bus	Cla	ssrooi	m	ı	Hallwa	ay			Pla	aygrou	und			Stair	way														
Other explain																													
Time of incide	ent ci	rcle or	ne																										
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Before school	Afte	r sch	ool	- 1	Unkno	own																							
Other explain																													
Athletic practice/ses	sion:																												
Athletic team compe	etition			ı	Intram	nural	comp	etitior	1																				
Equipment				_																									
No equipment invo	olved				Equip	ment	invol	ed de	escrib	е																			
Surface circle all to	hat ap	ply																											
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Carpet	Dirt Gymnasium floor						La	Lawn/grass Sand Tile												•									
Other specify																													
Type of injury	check	all tha	at apj	ply																									
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- Jpo C. Injury																													
	Head	Eye	Ear	Nose	Mouth/lips	Tooth/teeth	Jaw	Chin	Neck/throat	Collarbone	Shoulder	Upper arm	Elbow	Forearm	Wrist	Hand	Finger	Fingernail	Chest/ribs	Back	Abdomen	Groin	Genitals	Pelvis/hip	Leg	Knee	Ankle	Foot	Toe
Abrasion/scrape																													
Bite																													
Bump/swelling																													
Bruise																													
Burn/scald																													
Cut/laceration																													
Dislocation																													
Fracture																													
Pain/tenderness																													
Puncture																													
Sprain																													
Other																													

## Contributing factors circle all that apply Animal bite Compression/pinch Fall Overextension/twisted Struck by object (bat, swing, etc.) Physical Altercation Tripped/slipped Collision with object Contact with hot or toxic substance Foreign body/object Hit with thrown object Collision with person Drug, alcohol or other substance involved Struck by auto, bike, etc. Weapon specify Other explain Description of the incident Witnesses to the incident Staff involved circle all that apply Assistant staff Cafeteria staff Nurse Secretary Other specify Bus driver Custodian Principal Teacher Incident response circle all that apply By whom Time First Aid Time By whom Called 911 Time By whom Parent/guardian notified Time By whom Unable to contact parent/guardian Returned to class Sent/taken home Parents deemed no medical Days of school missed action necessary Diagnosis Days of school missed Taken to health care provider / clinic/hospital/urgent care Diagnosis Days of school missed Hospitalized Explain Length of time restricted Days of school missed Restricted school activity Other explain Describe care provided to the student Additional comments

Signature of staff member completing form	Date/time
Nurse's signature	Date/time
Principal's signature	Date/time