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 \( \frac{1}{2} \) 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 Information

<table>
<thead>
<tr>
<th>Name</th>
<th>Date of Incident</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date of Birth</th>
<th>Grade</th>
<th>Male</th>
<th>Female</th>
<th>Time of Incident</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Parent/Guardian Information

<table>
<thead>
<tr>
<th>Name(s)</th>
<th>Work Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address</th>
<th>Home Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>ZIP</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### School Information

<table>
<thead>
<tr>
<th>School</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Location of Incident

- Athletic field
- Cafeteria
- Gymnasium
- Parking lot
- Restroom
- Vocation shop/lab
- Bus
- Classroom
- Hallway
- Playground
- Stairway
- Other

### Time of Incident

- Recess
- Lunch
- P.E. class
- In class (not P.E.)
- Class change
- Field trip
- Before school
- After school
- Unknown

### Athletic Practice/Session

- Athletic team competition
- Intramural competition

### Equipment

- No equipment involved
- Equipment involved: describe

### Surface

- Asphalt
- Concrete
- Gravel
- Ice/snow
- Mat(s)
- Synthetic surface
- Wood chips/mulch
- Carpet
- Dirt
- Gymnasium floor
- Lawn/grass
- Sand
- Tile

### Other Specify

### Type of Injury

- Head
- Eye
- Ear
- Nose
- Mouth/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*

<table>
<thead>
<tr>
<th>Animal bite</th>
<th>Compression/pinch</th>
<th>Fall</th>
<th>Overextension/twisted</th>
<th>Struck by object (bat, swing, etc.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Collision with object</td>
<td>Contact with hot or toxic substance</td>
<td>Foreign body/object</td>
<td>Physical Altercation</td>
<td>Tripped/slipped</td>
</tr>
<tr>
<td>Collision with person</td>
<td>Drug, alcohol or other substance involved</td>
<td>Hit with thrown object</td>
<td>Struck by auto, bike, etc.</td>
<td></td>
</tr>
</tbody>
</table>

**Weapon** specify | **Other** explain

### Description of the incident

__________________________________________________________

__________________________________________________________

__________________________________________________________

### Witnesses to the incident

__________________________________________________________

### Staff involved  *circle all that apply*

<table>
<thead>
<tr>
<th>Assistant staff</th>
<th>Cafeteria staff</th>
<th>Nurse</th>
<th>Secretary</th>
<th>Other specify</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bus driver</td>
<td>Custodian</td>
<td>Principal</td>
<td>Teacher</td>
<td></td>
</tr>
</tbody>
</table>

### Incident response  *circle all that apply*

<table>
<thead>
<tr>
<th>Time</th>
<th>By whom</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Aid</td>
<td></td>
</tr>
<tr>
<td>Called 911</td>
<td></td>
</tr>
<tr>
<td>Parent/guardian notified</td>
<td></td>
</tr>
<tr>
<td>Unable to contact parent/guardian</td>
<td></td>
</tr>
<tr>
<td>Parents deemed no medical action necessary</td>
<td>Returned to class</td>
</tr>
<tr>
<td>Taken to health care provider / clinic/hospital/urgent care</td>
<td>Diagnosis</td>
</tr>
<tr>
<td>Hospitalized</td>
<td>Diagnosis</td>
</tr>
<tr>
<td>Restricted school activity</td>
<td>Explain</td>
</tr>
</tbody>
</table>

**Other explain**

### Describe care provided to the student

__________________________________________________________

__________________________________________________________

__________________________________________________________

### Additional comments

__________________________________________________________

__________________________________________________________

__________________________________________________________

### Signature of staff member completing form  

<table>
<thead>
<tr>
<th>Date/time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Signature of staff</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Nurse's signature</th>
<th>Date/time</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Principal's signature</th>
<th>Date/time</th>
</tr>
</thead>
</table>