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

Name																			I	Date o	of inc	ident							
Date of birth						(Grade			N	lale		Fe	ema	le	-	Time of incident												
Parent/guardi	an i	nfoi	rmat	tion	1							·																	
Name(s)																			1	Nork	phon	e)							
Address																			1	<u>ر</u> Home	phor	ן ו							
																				()							
City							State ZIP								(Cell phone													
School inform	atio	n													<u> </u>							,							
School information											Phone	e																	
																				())						
Location of in	cide	nt ci	rcle or	ne																									
Athletic field		eteria			Gymn	asium	ı		Pa	rking	lot			Rest	troom		\	/ocatio	on sh	op/lal	C								
Bus	Cla	ssroo	m		Hallwa					aygroi				Stair	rway					•									
Other explain																													
Time of incide	ent ci	rcle or	ne																										
Recess Lunch P.E. class In class (not P.E.) Class change Field trip								р																					
Before school							, , , , , , , , , , , , , , , , , , ,																						
Other explain																													
Athletic practice/ses	sion.																												
Athletic team compe	etition			I	ntram	nural o	comp	etitior	٦																				
Equipment								. ,																					
No equipment invo	olved				quipi	ment	involv	ed de	escrit)e																			
Surface circle all the	hat ap	ply																											
Asphalt Concrete			(Gravel				lce	e/snov	v		Mat(s) Synthetic			etic su	c surface Wood chips/mulch													
Carpet Dirt			(Gymnasium floor I				La	Lawn/grass Sand Tile																				
Other specify																													
Type of injury	check	all th	at app	oly																									
						c			at																				
					Mouth/lips	Tooth/teeth			Neck/throat	Collarbone	der	Upper arm		E				nail	'ribs		nen		IIS	/hip					
	Head	Eye	Ear	Nose	louth	ooth/	Jaw	Chin	eck/	ollar	Shoulder	pper	Elbow	Forearm	Wrist	Hand	Finger	Fingernail	Chest/ribs	Back	Abdomen	Groin	Genitals	Pelvis/hip	Leg	Knee	Ankle	Foot	Toe
	I	ш	ш	Z	2	μ	ŗ	0	Z	0	S		ш	Ľ.	>	Т	ш	ш	0	В	A	G	G	٩.	Ľ	×	A	Ľ.	Ĕ
Abrasion/scrape																													
Bite Bump/swelling																													
Bruise																													
Burn/scald																													
Cut/laceration																							<u> </u>						
Dislocation																													
Fracture	1																												
Pain/tenderness																													
Puncture																													
Sprain																													
Other	1		1																					1					

Contributing factors circle all that apply										
Compression/pinch		Fall	Overextension/twisted	Struck by object (bat, swing, etc.)						
Contact with hot or toxic substar	nce	Foreign body/object	Physical Altercation	Tripped/slipped						
Drug, alcohol or other substance	involved	Hit with thrown object	Struck by auto, bike, etc.							
		Other explain								
	Compression/pinch Contact with hot or toxic substar	Compression/pinch Contact with hot or toxic substance Drug, alcohol or other substance involved	Compression/pinch Fall Contact with hot or toxic substance Foreign body/object Drug, alcohol or other substance involved Hit with thrown object Other explain Other explain	Compression/pinch Fall Overextension/twisted Contact with hot or toxic substance Foreign body/object Physical Altercation Drug, alcohol or other substance involved Hit with thrown object Struck by auto, bike, etc. Other explain						

Witnesses to the incident

Staff involved	circle all that apply													
Assistant staff	Cafeteria staff	Nurse	Secreta	ry	Other specify									
Bus driver	Custodian	Principal	Teacher	r										
Incident respo	onse circle all that ap	ply												
First Aid		Time		By whom										
Called 911		Time		By whom										
Parent/guardian n	otified	Time		By whom										
Unable to contact	parent/guardian	Time		By whom	I									
Parents deemed ne action necessa		Returned to class		Sent/take	n home		Days of school missed							
Taken to health can clinic/hospital		Diagnosis		1			Days of school missed							
Hospitalized		Diagnosis					Days of school missed							
Restricted school a	activity	Explain				Length of time restricted	Days of school missed							
Other explain														
Describe care provi	ded to the student													
Additional commen	nts													
Signature of staff m	ember completing for	n				Date/time								
	in the second													
Nurse's signature						Date/time								

Nurse's signature	Date/time
Principal's signature	Date/time