STUDENT INJURY REPORT

Student Name:	Grade/Teacher:
Date of Injury:	Time:
Person Reporting:	Principal:

Nature of Injury: / **Place Injury Occurred:**

Nature of Injury		Place Injury Occurred	
o Scrape	o Sprain	o Classroom	o Lunchroom
o Cut	o Possible Fracture	o Gym	o Stairway
o Bruise	o Splinter	o Playground	o Hall
o Swelling	o ______________________________	o Bathroom	o ______________________________

Type of Accident:

o Fall	o Struck By ____________________	o Insect Sting	o ______________________________

Part of Body Injured:

o Ears	o Mouth	o Back	o Shoulder	o Hip
o Eyes	o Nose	o Chest	o Arm	o Leg
o Scalp	o Neck	o Abdomen	o Elbow	o Knee
o Skull	o Tooth	o Side	o Hand	o Foot
o Forehead	o _______________________	o _______________________	o Fingers	o Toes

Treatment: / **Action Taken:**

Treatment		Action Taken
o Cleansed Wound	o Applied Cold Compress	o Telephone Call to Parent
o Applied Ointment/Lotion	o Rested Injured Part	o Note to Parent
o Applied Bandage	o Applied Splint	o Nurse Notified
o Removed Splinter	o ____	o Taken Home By __________________________

Comments: