North Carolina Department of Health and Human Services

STUDENT INJURY REPORT FORM

Student Information

Name____ Date of Incident______________________________

Date of Birth____ Time of Incident______________________________

Grade____ ☐ Male ⑥ Female

Parent/Guardian Information

Name(s)____

Address____

Phone # Work________________________________ Home_____________________________________

School Information

School____ Phone #_____________________________________

Principal______________________________________

Location of Incident (check appropriate box):

- ☐ Athletic Field
- ⑥ Cafeteria
- ⑥ Classroom
- ⑥ Gymnasium
- ⑥ Hallway
- ⑥ Bus
- ⑥ Stairway
- ⑥ Restroom
- ⑥ Playground
  - ☐ No Equipment Involved
  - ☐ Equipment Involved (describe) ___________________________________
- ⑥ Parking Lot
- ⑥ Vocation/Shop Lab
- ⑥ Other (explain):____

When Did the Incident Occur (check appropriate box):

- ☐ Recess
- ☐ Lunch
- ☐ P.E. Class
- ☐ In Class (not P.E.)
- ☐ Class Change
- ☐ Athletic Practice/Session
- ☐ Athletic Team Competition
- ☐ Intramural Competition
- ☐ Before School
- ☐ After School
- ☐ Field Trip
- ☐ Unknown
- ☐ Other______________________________

Surface (check all that apply):

- ☐ Asphalt
- ☐ Carpet
- ☐ Concrete
- ☐ Dirt
- ☐ Gravel
- ☐ Ice/Snow
- ☐ Lawn/Grass
- ☐ Mat(s)
- ☐ Synthetic Surface
- ☐ Wood Chips/Mulch
- ☐ Tile
- ☐ Gymnasium Floor
- ☐ Other (specify)_________

Type of Injury (check all that apply):

	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 (check all that apply):

- ⑥ Animal Bite
- ⑥ Collision with Object
- ⑥ Collision with Person
- ⑥ Compression/Pinch
- ⑥ Fall
- ⑥ Fighting
- ⑥ Overextension/Twisted
- ⑥ Foreign Body/Object
- ⑥ Hit with Thrown Object
- ⑥ Tripped/Slipped
- ⑥ Struck by Object (bat, swing, etc.)
- ⑥ Struck by Auto, Bike, etc.
- ⑥ Contact with Hot or Toxic Substance
- ⑥ Drug, Alcohol or Other Substance Involved
- ⑥ Weapon
  Specify_________________________
- ⑥ Unknown
- ⑥ Other______________________________

Description of the Incident: ____

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Witnesses to the Incident: ____

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Staff Involved: ⑥ Teacher ⑥ Nurse ⑥ Principal ⑥ Assistant Staff ⑥ Custodian ⑥ Bus Driver
☐ Secretary ⑥ Cafeteria ⑥ Other (specify)____

Incident Response (check all that apply):

- ☐ First Aid
  Time_______________ By Whom____
- ☐ Parent/Guardian Notified
  Time_______________ By Whom____
- ☐ Unable to Contact Parent/Guardian
  Time_______________ By Whom____
- ☐ Parents Deemed No Medical Action Necessary
- ☐ Returned to Class
- ☐ Sent/Taken Home
  Days of School Missed__________________________
- ☐ Assessment/Follow-up by School Nurse
  Action Taken____
- ☐ Called 9-1-1
- ☐ Taken to Health Care Provider/Clinic/Hospital/Urgent Care
  Diagnosis____
  Days of School Missed__________________________
- ☐ Hospitalized
  Diagnosis____
  Days of School Missed__________________________
- ☐ Restricted School Activity
  Explain____
  Length of Time Restricted_________________________
  Days of School Missed___________________________
- ☐ Other____

Describe care provided to the student: ____

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Additional Comments: ____

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Signature of Staff Member Completing Form______________________________ **Date/time**____________________
Nurse's Signature____ **Date/time**____________________
Principal's Signature____ **Date/time**____________________