

Elkin High School



INJURY REPORT

TODAY'S DATE: _____

Name of Student: _____ Age: _____ Gender: _____

Grade: _____ Teacher: _____ School: _____

Date of Injury: _____ Time: _____

First Responder: _____

Place of Injury	Nature of Injury	Body Part Injured	
____ Classroom	____ Abrasion	____ Abdomen	____ Foot
____ Hallway	____ Ashphyxia	____ Ankle	____ Hand
____ Bathroom	____ Burn	____ Arm	____ Head
____ Lunchroom	____ Fracture/Sprain	____ Back	____ Knee
____ Playroom	____ Head Injury	____ Chest	____ Leg
____ Gymnasium	____ Laceration	____ Eye	____ Teeth
____ Other	____ Other	____ Face	____ Wrist

Describe: _____

Were parent(s) / guardian(s) notified? Yes No

Describe treatment and disposition: _____

Signature of Teacher, Principal, or Nurse