

HAMPSTEAD SCHOOL DISTRICT

Student Injury Report Form

Student Name _____ Grade _____ () Male

() Female

School Name _____ Date of _____

Injury _____
Time of Injury _____ Date Reported _____ Time to Health Office _____

Days Absent _____ Less than 1/2 _____, 1/2 _____, 1 _____, 1 1/2 - 2 _____, 2 1/2 - 3 _____, Unknown _____,

Other _____

First Aid given: _____ Ice _____ Washed Wound _____ Kept Immobile

_____ Observed

_____ Stopped Bleeding _____ Applied Splint _____ Applied Dressing

_____ Other

Explain: _____

Body part injured: **Head** **Trunk** **Extremities** **Other**

_____ Ear _____ Abdomen _____ Ankle _____ Lower arm
_____ Eye _____ Back _____ Elbow _____ Lower leg

_____ Face _____ Chest/Rib _____ Finger _____ Thumb
_____ Head _____ Groin/Genital _____ Foot _____ Toes

_____ Neck _____ Shoulder _____ Hand _____ Upper arm
_____ Mouth/Teeth _____ Trunk _____ Hip _____ Upper leg

_____ Nose _____ Knee _____ Wrist

Type of injury suspected:

_____ Laceration/Abrasion _____ Bruise/Contusion _____ Bite
_____ Sprain/Strain _____ Dislocation _____ Pain
_____ Fracture _____ Concussion _____ Puncture

wound

_____ Surface cut/Scratch _____ Burn _____ To be

determined

_____ Other: _____

Action Taken: _____ Parent took home _____ Transfer to hospital _____ Parent took to

doctor

_____ Returned to class _____ Called 911 _____ Parent took to

ER

_____ Parent notified/time _____

_____ Administration notified

_____ Other: _____

Explanation of accident:

_____ Collision with person _____ Collision with obstacle _____ Motor

Vehicle Accident

_____ Hit with object _____ Injury to self

_____ Ingestion/Poisoning

_____ Fall, _____ Height of fall _____ Sports related

Other: _____
 Accident location: ___ Classroom ___ Playground ___ Gym ___ PAC center
 ___ Stairs ___ Hallway ___ Bus ___ P.E. class
 ___ Lunch room ___ Locker ___ Bathroom ___ Parking Lot
 ___ Other: _____ ___ After School

___ Before School
 Surface: ___ Blacktop ___ Dirt ___ Grass
 ___ Synthetic surface ___ Carpet ___ Pea gravel ___ Mats
 ___ Rubber tile ___ Concrete ___ Ice/Snow ___ Sand
 ___ Wood chip products ___ Other: _____ ___ N/A

Activity:

	1. Baseball/Softball	6. Fighting	11. Playing on equipment	16. Soccer	19. Volleyball
	2. Basketball	7. Flag/Touch football	12. Running	17. Swinging	20. Walking
	3. Bicycling	8. Jumping	13. Rough play	18. Throwing rocks or snowballs	21. Wrestling
	4. Climbing	9. Kickball	14. Sliding		22. Track/Field
	5. Dodge ball	10. Classroom activity	15. Interscholastic/Intermural Activity		
23. Other: _____ _____					

___ Arch climber

___ Slide
 Equipment: Was playground equipment involved in injury? ___ Yes ___ No ___ Cargo net

___ Sliding pole
 If YES, (a) Did equipment appear to be used appropriately? ___ Yes ___ No ___ Chinning bar

___ Track ride
 (b) Was there any apparent malfunction of equipment? ___ Yes ___ No ___ Horizontal ladder

(c) Was a work order submitted? ___ Yes ___ No ___ Monkey bars
 ___ Swing

___ Other: _____
 Describe: Describe specifically how the injury happened: _____

Print Name _____

Date _____

