

# Child Injury Report From

1. Child's name \_\_\_\_\_ 3. Grade \_\_\_\_\_ 5. ( ) Male ( ) Female  
 2. School name \_\_\_\_\_ 4. Date of injury \_\_\_\_\_ 6. Time of injury \_\_\_\_\_  
 7. Days absent: \_\_\_ Less than 1/2 \_\_\_ 1/2 \_\_\_ 1 \_\_\_ 1 1/2 - 2 \_\_\_ 2 1/2 - 3 \_\_\_ Other: \_\_\_\_\_

8. First Aid given: \_\_\_\_\_ Ice \_\_\_\_\_ Washed wound \_\_\_\_\_ Kept immobile \_\_\_\_\_ Observed  
 \_\_\_\_\_ Stopped bleeding \_\_\_\_\_ Applied splint \_\_\_\_\_ Applied dressing \_\_\_\_\_ Other  
 Explain: \_\_\_\_\_

9. Body part injured:

<b>Head</b>	<b>Trunk</b>	<b>Extremities</b>	<b>Other</b>
___ Ear	___ Abdomen	___ Ankle	___ Lower arm
___ Eye	___ Back	___ Elbow	___ Lower leg
___ Face	___ Chest	___ Finger	___ Thumb
___ Head	___ Groin	___ Foot	___ Toes
___ Neck	___ Shoulder	___ Hand	___ Upper arm
___ Scalp	___ Trunk	___ Hip	___ Upper leg
		___ Knee	___ Wrist

10. Type of injury suspected:

___ Laceration/Abrasion	___ Bruise/Contusion
___ Sprain/Strain	___ Dislocation
___ Fracture	___ Concussion
___ Surface cut/Scratch	___ Burn
___ Other :	_____

11. Action taken:

___ Parent took home	___ Transfer to hospital	___ Parent took to doctor
___ Returned to class	___ Called 911	___ Parent took to ER
___ Other :	_____	___ Time spent in nurse's office

12. Cause of injury:

___ Collision with person	___ Collision with obstacle
___ Hit with object	___ Injury to self
___ Fall _____ Height of fall	___ Other _____

13. Accident location:

___ Classroom	___ Playground	___ Gym	___ Assembly
___ Stairs	___ Hallway	___ Bus	___ P.E. class
___ Before School	___ After school	___ Other	_____

14. Surface:

___ Blacktop	___ Dirt	___ Grass	___ Synthetic surface
___ Carpet	___ Pea gravel	___ Mats	___ Rubber tile
___ Concrete	___ Ice/Snow	___ Sand	___ Wood products
___ Other:	_____		
___ Depth of loose fill material	_____		

15. Activity:

<input type="checkbox"/>	1. Baseball/Softball 2. Basketball 3. Bicycling 4. Climbing 5. Dodge ball	6. Fighting 7. Flag/Touch football 8. Jumping 9. Kickball 10. Playground equipment	11. Playing on bars 12. Running 13. Rough housing 14. Sliding 15. Sliding on ice	16. Soccer 17. Swinging 18. Throwing rocks or snowballs 19. Track/Field	20. Volleyball 21. Walking 22. Other: _____ _____ _____
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16. Equipment: Was playground equipment involved in injury? \_\_\_ Yes \_\_\_ No  
 IF YES, (a) Did equipment appear to be used appropriately? \_\_\_ Yes \_\_\_ No  
 (b) Was there any apparent malfunction of equipment? \_\_\_ Yes \_\_\_ No

Check which piece	___ Arch climber	___ Slide
	___ Cargo net	___ Sliding pole
	___ Chinning bar	___ Track ride
	___ Horizontal ladder	___ Swing
	___ See Saw	___ Other _____

17. Describe: Describe specifically how the injury happened. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Signed: \_\_\_\_\_ Signed: \_\_\_\_\_  
 (Person filing report) (Administrator)

# CHILD INJURY REPORT FORM INSTRUCTIONS

This form is to be completed immediately following the occurrence of any injury that is severe enough to:

- a. Cause the loss of one-half day or more of school
- b. Warrant medical attention and treatment (i.e. school nurse, M.D., E.R., etc.), and/or
- c. Require reporting according to School District policy.

Number	Description of Each Number
1- 6	Self explanatory.
7	Do not file a form until you have filled in days missed. If student is going to be absent for an extended period of time, use parent's estimate. If no school is missed, check less than ½.
8 -11	Self explanatory. Record the amount of time child was in the nurse's office. Please include H or M. H= hours: M=minutes (ie. 1h:40m).
12	<i>Collision with person</i> includes injuries which result from interactions between players from incidental or intended contact. <i>Hit with object</i> includes that the student got hit by an object (ball, backpacks, etc). <i>Fall</i> injuries are those when the student falls from equipment or falls while running. <i>Collision with obstacle</i> includes contact when the child collides into an object (playground equipment, fence, etc.). <i>Injury to self</i> occurs when a child got injured because of an action he/she carried out.  <i>Height of fall</i> – Report the height from where the child fell.
13	Self explanatory.
14	Describe surface over which injury occurred.
15	In the small box indicate the number of the activity that the child was doing when he/she got injured.
16	Self explanatory. See attached document with pictures of each piece of equipment.
17	Briefly describe specifically how the incident happened. Make sure to include all names of witnesses present. If additional space is needed, continue on another sheet of paper and attach.