

INJURY REPORT

Name of Student: _____ Age: _____ Sex: _____

Grade: _____ Teacher: _____ School: St. Michael-St. Gabriel

Date of Injury: _____ Time: _____

First Responder: _____

<u>Place of Injury</u>	<u>Nature of Injury</u>	<u>Body Part Injured</u>
<input type="checkbox"/> Classroom	<input type="checkbox"/> Abrasion	<input type="checkbox"/> Abdomen
<input type="checkbox"/> Hallway	<input type="checkbox"/> Asphyxia	<input type="checkbox"/> Ankle
<input type="checkbox"/> Bathroom	<input type="checkbox"/> Burn	<input type="checkbox"/> Arm
<input type="checkbox"/> Lunchroom	<input type="checkbox"/> Fracture/Sprain	<input type="checkbox"/> Back
<input type="checkbox"/> Playground	<input type="checkbox"/> Head Injury	<input type="checkbox"/> Chest
<input type="checkbox"/> Gymnasium	<input type="checkbox"/> Laceration	<input type="checkbox"/> Eye
<input type="checkbox"/> Other	<input type="checkbox"/> Other	<input type="checkbox"/> Face
		<input type="checkbox"/> Foot
		<input type="checkbox"/> Hand
		<input type="checkbox"/> Head
		<input type="checkbox"/> Knee
		<input type="checkbox"/> Leg
		<input type="checkbox"/> Teeth
		<input type="checkbox"/> Wrist

Describe what happened:

Were parents notified? Yes No

Describe treatment and disposition:

Signature of Teacher, Principal, or Nurse