STUDENT INJURY REPORT FORM UTAH DEPARTMENT OF HEALTH VIOLENCE & INJURY PREVENTION PROGRAM

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 pures MD, E.P. etc.) and/or require reporting according to School District policy. Additional instructions on back

	M.D., E.R., etc.) and/or require			nal instructions on ba			
. Child's Name . Parent's Name		5	5. Date of Birth	o day yr	8. Da	te of Injury//	
District Name		#6	6. Grade		9. ()	Male () Female	
School Name			. Time of Injury	_	` '	cal () Yes () No	
					10. Fa	ai () 103 () 110	
DAYS ABSENT: Reco	rd letter of the DAYS absent from	n school related to this injury in	ı box at left. If no abser				
a) Le	ss than 1/2 b) 1/2	c) 1 d) 11/2-2	e) 2 1/2-3	f) If more tha	n 3 days, then specify	/ # days	
ACTION TAKEN: PL	EASE CHECK AND COMPLET	TE ALL THAT APPLY.					
	TIMI	E:	BY WHOM (Title				
1. First aid admi	mstereu	() am () pm () am () pm	= -				
2. Parent or guar		() am () pm	Specify in	ame			
4. Remained in o		_	9. □ Called 911				
5. □ Sent/taken hor	me	1	0. □ Seen by M.D./E.l	R./health care provide	er/hospital/etc. Diagno	sis:	
6. □ Parents deeme	ed no medical action necessary		1. ☐ Hospitalized	=	ngth:		
7. □ Checked by school nurse			12. ☐ Restricted school activity Specify length:				
8. ☐ Checked by E	MT on staff	1	3. ☐ Other-Specify				
NATURE OF INJUR	Y: List the injuries/symptoms in	curred. (Record # in boxes at le	eft.)				
	1. Abrasion/Scrape 5. Cut		Laceration 9. No Pulse/Heartbeat 13. Sho			ess of Breath	
More Sev	vere 2. Bump/Bruise/Co 3. Burn/Scald		6. Dislocation (possible) 7. Fracture/Broken (possible)		•	14. Sprain/Strain/Tear 15. Swelling/Inflammation	
Less Seve				11. Pain/Tenderne 12. Puncture	16. Other	ig/ mitallilliativii	
ADEA A DESCRIPTION	Lint annu afficient of fire	Januarian c - J - E - 4 3 2 3 3	no (Door-1#: 1	at loft \			
AKEA AFFECTED:	List area affected for each injury H	v/symptom code listed in 13 abor IEAD	ve. (Record # in boxes o TRU	- ·	EXT	REMITIES	
	1. Chin/Cheek	6. Neck/Throat	10. Stomach	15. Genitalia	19. Ankle	24. Hand/Wrist	
More Sev	vere 2. Ear 3. Eye	7. Nose 8. Head	11. Back 12. Buttocks	16. Internal 17. Pelvis/Hip	20. Arm 21. Elbow	25. Knee 26. Leg	
Less Seve	ere 4. Forehead	9. Tooth/Teeth	13. Chest/Ribs	18. Shoulder	22. Finger/Thumb		
	5. Mouth/Tongue/L	ip	14. Collarbone		23. Foot		
	ACTOR: List factor which may i						
	l bite (dog bite etc.) on with object or person		5. Contact with fire, hot liquid or hot object 6. Drug, alcohol or other substance		9. Hit with thrown object 13. Unknown 10. Overexertion/Twisted 14. Weapon (gun, knife, etc.)		
	ression/Pinch	7. Fall	3,		11. Seizure disorder Specify		
4. Contac	ct with equipment (shop, P.E.)	8. Foreign body/Objec	t	12. Tripped/S	lipped 15. 0	Other	
PERIOD: List period	during which injury occurred. (I	Record # in box at left.)					
1. After s		4. Athletic practice session	Athletic practice session 7. Class time (ex				
2. Assem 3. Athlet	ic event (team competition)	5. Before school 6. Class change	8. Field trip 9. Intramural c		Lunch recess 14. 6 Recess	Other	
·							
1. Blackt	ace on which injury occurred. (R	ecora # ın box at tejt.) 7. Lawn/Gr	ass 10. Syl	nthetic surface	12. Wood(wax	xed)	
2. Carpe 3. Concr	t 5. Gravel	8. Mats		e.Tartan surface)	13. Other)	
3. Concr	ete 6. Ice/Snow	9. Sand	11. Til	<u>le</u>	14. Snredded 1	Rubber/Wood Chips	
	ration at which injury occurred. (0.1	///*/-l	12 55111-154-	:/D	
	1. Athletic field 5. Corridor/Hall (exclude stairs 2. Auditorium/Multipurpose 6. Doorway				13. Sidewalk/Sta 14. Street/Drive	way/Parking Area	
		mnasium			15. Restroom/La	vatory	
4. Classr	pom 8. Lal	b (Home Ec., Chem, etc.)	12. Shop (Indus	strial Arts, etc.)	16. Other		
	vity during which injury occurred		_				
1. Baseba 2. Basket	all/Softball 7. Fighting tball 8. Flag/Touc	13. Playing on ch football (monkey ba		8. Sliding 24 9. Sliding on ice	I. Throwing rocks or snowballs	29. 4-Square	
3. Bicycl	ing 9. Football	14. Riding	20	0. Sitting 25	5. Track and field	30. Dance 31. Frisbee	
	oom activity 10. Gymnasti	0 0			5. Volleyball	32. Other	
5. Climb 6. Dodge	ing 11. Jumping ball/War ball 12. Kickball	16. Roughhous 17. Setting up/l			7. Walking 3. Wrestling		
·	equipment or apparatus involve				appear to be used app	propriately?	
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Specify equipment				(b) was there any	apparent malfunction	of equipment?	
DESCRIPTION: Des	scribe specifically how the injur	у паррепеа:					
							
		r	Title Code	22			

Principal's Signature

Signature of Person Making Report