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 purse M.D. E.R. etc.) and/or require reporting according to School District policy. Additional instructions on back

. Child's Name . Parent's Name . District Name . School Name		Name	##_						
DA	YS ABSE	a) Less than 1/2	b) 1/2 c)		e) 2 1/2-3		nan 3 days, then s	pecify # d	lays
A (TION TA	KEN: PLEASE CH	ECK AND COMPLETE AL	I THAT APPLY					
	1. ☐ Firs 2. ☐ Parc 3. ☐ Una 4. ☐ Ren 5. ☐ Sen 6. ☐ Parc 7. ☐ Che	st aid administered ent or guardian notif able to contact paren nained in or returned t/taken home ents deemed no medi ecked by school nurse	TIME:	_ ()am ()pm _ ()am ()pm _ ()am ()pm	9. □ Called 911 10. □ Seen by M.D./E.I 11. □ Hospitalized 12. □ Restricted school	ameR./health care provi	der/hospital/etc. Di length:	iagnosis:	
L	8. ⊔ Che	ecked by EMT on sta	<u>IT</u>		13. ☐ Other-Specify				
3. N	ATURE (OF INJURY: List the More Severe Less Severe	1. Abrasion/Scrape 2. Bump/Bruise/Contusion 3. Burn/Scald 4. Concussion (possible)	5. Cut/Lacer on 6. Dislocation	ation n (possible) Broken (possible)	9. No Pulse/Hea 10. Not Breathin 11. Pain/Tendern 12. Puncture	g 14. S _l	hortness of Breath prain/Strain/Tear welling/Inflammation ther	
i. A	REA AFF	FECTED: List area a	ffected for each injury/symp	tom code listed in 13 abo	ove. (Record # in boxes o			EVTDEMITIES	
		More Severe Less Severe	1. Chin/Cheek 2. Ear 3. Eye 4. Forehead	6. Neck/Throat 7. Nose 8. Head 9. Tooth/Teeth	10. Stomach 11. Back 12. Buttocks 13. Chest/Ribs	15. Genitalia 16. Internal 17. Pelvis/Hip 18. Shoulder	19. Ankle 20. Arm 21. Elbow 22. Finger/Tl	24. Hand/Wrist 25. Knee 26. Leg humb 27. Toe	:
			5. Mouth/Tongue/Lip		14. Collarbone		23. Foot		
5. C	CONTRIB	1. Animal bite (dog 2. Collision with ob 3. Compression/Pin	ject or person		ot liquid or hot object her substance			13. Unknown 14. Weapon (gun, knife, Specify 15. Other	etc.)
. Р	ERIOD: 1	List period during wh 1. After school 2. Assembly 3. Athletic event (to	5.	!# in box at left.) Athletic practice session Before school Class change	7. Class time (ex 8. Field trip 9. Intramural co	11	D. Lunch L. Lunch recess Recess	13. P. E. class 14. Other	
. S	URFACE	1. Blacktop 2. Carpet 3. Concrete	ch injury occurred. (Record 4. Dirt 5. Gravel 6. Ice/Snow	# in box at left.) 7. Lawn/Gi 8. Mats 9. Sand		nthetic surface .Tartan surface) e	13. Othe	d(waxed) er ar/Wood Chips	
. L	OCATIO	N: List location at what 1. Athletic field 2. Auditorium/Mul 3. Bus loading area 4. Classroom	tipurpose 6. Doorway 7. Gymnasi	/Hall (exclude stairs)	9. Lunchroom 10. Playground 11. School bus/I 12. Shop (Indus	Playfield Public bus	14. Street/D	lk/Stairs/Ramp Driveway/Parking Area m/Lavatory	
). А	CTIVITY	7: List activity during 1. Baseball/Softball 2. Basketball 3. Bicycling 4. Classroom activi 5. Climbing 6. Dodge ball/War	8. Flag/Touch foo 9. Football ty 10. Gymnastics/Tu 11. Jumping	tball 13. Playing on (monkey b 14. Riding mbling 15. Running 16. Roughhou	ars/big toy/etc.) 19 20 21 sing 22	D. Sliding on ice D. Sitting D. Soccer D. Standing	24. Throwing rocks or snowballs 25. Track and field 26. Volleyball 27. Walking 28. Wrestling		
), F	OUIPME	NT: Was equinment	or apparatus involved in i	ijurv? □ Yes □	No IF VES	S (a) Did equipmen		d appropriately?	Yes □ No
	Specify e	equipment	ifically how the injury hap		—				IYes □ No

Principal's Signature

Signature of Person Making Report