**Ohio Department of Health**

# Student Injury Report

## Student information

| Name | | | Date of incident |
|---|---|---|---|
| Date of birth | Grade | ☐ Male ☐ Female | Time of incident |

## Parent/guardian information

| Name(s) | | | Work phone ( ) |
|---|---|---|---|
| Address | | | Home phone ( ) |
| City | State | ZIP | Cell phone ( ) |

## School information

| School | Phone ( ) |
|---|---|

## Location of incident *check appropriate box*

☐ Athletic field ☐ Cafeteria ☐ Gymnasium ☐ Parking lot ☐ Restroom ☐ Vocation shop/lab
☐ Bus ☐ Classroom ☐ Hallway ☐ Playground ☐ Stairway

☐ Other *explain*

## Time of incident *check appropriate box*

☐ Recess ☐ Lunch ☐ P.E. class ☐ In class (not P.E.) ☐ Class change ☐ Field trip
☐ Before school ☐ After school ☐ Unknown

☐ Other *explain*

Athletic practice/session:
☐ Athletic team competition ☐ Intramural competition

## Equipment

☐ No equipment involved ☐ Equipment involved *describe*

## Surface *check all that apply*

☐ Asphalt ☐ Concrete ☐ Gravel ☐ Ice/snow ☐ Mat(s) ☐ Synthetic surface ☐ Wood chips/mulch
☐ Carpet ☐ Dirt ☐ Gymnasium floor ☐ Lawn/grass ☐ Sand ☐ Tile

☐ Other *specify*

## Type of injury *check all that apply*

| | Head | Eye | Ear | Nose | Mouth/lips | Tooth/teeth | Jaw | Chin | Neck/throat | Collarbone | Shoulder | Upper arm | Elbow | Forearm | Wrist | Hand | Finger | Fingernail | Chest/ribs | Back | Abdomen | Groin | Genitals | Pelvis/hip | Leg | Knee | Ankle | Foot | Toe |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Abrasion/scrape | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Bite | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Bump/swelling | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Bruise | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Burn/scald | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Cut/laceration | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dislocation | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Fracture | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Pain/tenderness | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Puncture | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sprain | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

## Contributing factors *check all that apply*

- ☐ Animal bite
- ☐ Collision with object
- ☐ Collision with person
- ☐ Compression/pinch
- ☐ Contact with hot or toxic substance
- ☐ Drug, alcohol or other substance involved
- ☐ Fall
- ☐ Foreign body/object
- ☐ Hit with thrown object
- ☐ Overextension/twisted
- ☐ Physical Altercation
- ☐ Struck by auto, bike, etc.
- ☐ Struck by object (bat, swing, etc.)
- ☐ Tripped/slipped

| ☐ Weapon *specify* | ☐ Other *explain* |
|---|---|

## Description of the incident

## Witnesses to the incident

## Staff involved *check all that apply*

- ☐ Assistant staff
- ☐ Bus driver
- ☐ Cafeteria staff
- ☐ Custodian
- ☐ Nurse
- ☐ Principal
- ☐ Secretary
- ☐ Teacher
- ☐ Other *specify*

## Incident response *check all that apply*

| | | | | |
|---|---|---|---|---|
| ☐ First Aid | Time | By whom | | |
| ☐ Called 911 | Time | By whom | | |
| ☐ Parent/guardian notified | Time | By whom | | |
| ☐ Unable to contact parent/guardian | Time | By whom | | |
| ☐ Parents deemed no medical action necessary | ☐ Returned to class | ☐ Sent/taken home | | **Days of school missed** |
| ☐ Taken to health care provider / clinic/hospital/urgent care | Diagnosis | | | **Days of school missed** |
| ☐ Hospitalized | Diagnosis | | | **Days of school missed** |
| ☐ Restricted school activity | Explain | | Length of time restricted | **Days of school missed** |
| ☐ Other *explain* | | | | |

| Describe care provided to the student |
|---|
| |

| Additional comments |
|---|
| |

| | |
|---|---|
| Signature of staff member completing form | Date/time |
| Nurse's signature | Date/time |
| Principal's signature | Date/time |