Student Injury Report Form Guidelines

The Ohio Department of Health (ODH) provides the following Student Injury Report Form and guidelines as an example for districts to use in tracking the occurrence of school-related injuries. ODH suggests completing the form when an injury leads to any of the following:

1. The student misses ½ day or more of school.
2. The student seeks medical attention (health care provider office, urgent care center, emergency department).
3. EMS 9-1-1 is called.

Schools are encouraged to review and use the information collected on the injury report form to influence local policies and procedures as needed to remedy hazards.

Instructions

- Student, parent and school information: self-explanatory.
- Check the box to indicate the location and time the incident occurred.
- Check the box to indicate if equipment was involved; describe involved equipment. Indicate what type of surface was present where the injury occurred.
- Using the grid, check the body area(s) where the student was injured and indicate what type of injury occurred. Include all body areas and injuries that apply.
- Check the appropriate box(es) for factors that may have contributed to the student's injury.
- Provide a detailed description of the incident. Indicate any witnesses to the event and any staff members who were present. Attach another sheet if more room is needed.
- Incident response: include all areas that apply.
- Provide any further comments about this incident, including any suggestions for what might prevent this type of incident in the future.
- Sign the completed form.
- Route the form to the school nurse and the principal for review/signature.
- Original form and copies should be filed according to district policy.
Ohio Department of Health
Student Injury Report

Student information

<table>
<thead>
<tr>
<th>Name</th>
<th>Date of birth</th>
<th>Grade</th>
<th>Date of incident</th>
<th>Male</th>
<th>Female</th>
<th>Time of incident</th>
</tr>
</thead>
</table>

Parent/guardian information

<table>
<thead>
<tr>
<th>Name(s)</th>
<th>Work phone</th>
<th>Address</th>
<th>Home phone</th>
<th>City</th>
<th>State</th>
<th>ZIP</th>
<th>Cell phone</th>
</tr>
</thead>
</table>

School information

<table>
<thead>
<tr>
<th>School</th>
<th>Phone</th>
<th>Location of incident check appropriate box</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>□ Athletic field □ Cafeteria □ Gymnasium</td>
</tr>
<tr>
<td></td>
<td></td>
<td>□ Parking lot □ Restroom □ Vocation shop/lab</td>
</tr>
<tr>
<td></td>
<td></td>
<td>□ Bus □ Classroom □ Hallway</td>
</tr>
<tr>
<td></td>
<td></td>
<td>□ Playground □ Stairway</td>
</tr>
</tbody>
</table>

Time of incident check appropriate box

<table>
<thead>
<tr>
<th>Recess</th>
<th>Lunch</th>
<th>P.E. class</th>
<th>In class (not P.E.)</th>
<th>Class change</th>
<th>Field trip</th>
<th>Before school</th>
<th>After school</th>
<th>Unknown</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>□ Abrasion/scrape</th>
<th>□ Bite</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Bump/swelling</td>
<td>□ Bruise</td>
</tr>
<tr>
<td>□ Burn/scald</td>
<td>□ Cut/laceration</td>
</tr>
<tr>
<td>□ Dislocation</td>
<td>□ Fracture</td>
</tr>
<tr>
<td>□ Pain/tenderness</td>
<td>□ Puncture</td>
</tr>
<tr>
<td>□ Sprain</td>
<td>□ Other</td>
</tr>
</tbody>
</table>

Other
### Contributing factors check all that apply

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

### Description of the incident

________________________

________________________

________________________

### Witnesses to the incident

________________________

### Staff involved check all that apply

- Assistant staff
- Cafeteria staff
- Nurse
- Secretary
- Bus driver
- Custodian
- Principal
- 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: 

HEA 4200 2/07  page 2