

INJURY REPORT

| | | | | | |
|--|-------|--------------------------|---------------------------------|--------------|----|
| Student Name: | | | | Date: | |
| Referring Teacher/Staff Member on Duty : | | | | Grade Level: | |
| Report Filled Out By: | | | Nurse Referral Report Filed: | Yes | No |
| Time of Injury: | | | | | |
| Type of Injury | Fall: | Hit/Struck By: | INSECT STING | OTHER: | |
| PART(S) of BODY INJURED | | | PLACE INJURY OCCURRED | | |
| Right | Front | Auditorium | | | |
| Left | Back | Bathroom | | | |
| HEAD | | | Cafeteria | | |
| Cheek | Skull | Classroom | | | |
| Ears | Mouth | Gym | | | |
| Eyes | Neck | Hallway | | | |
| Forehead | Nose | Stairway | | | |
| Scalp | Tooth | Other | | | |
| TRUNK | | | TREATMENT | | |
| Abdomen | Chest | Applied Bandage | | | |
| Back | Side | Applied Cold Compress | | | |
| LIMBS | | | Applied Ointment / Lotion | | |
| Arm | Ankle | Applied Splint | | | |
| Elbow | Foot | Cleansed Wound | | | |
| Fingers | Hip | Rested Injured Area | | | |
| Hand | Knee | TREATMENT | | | |
| Shoulder | Leg | Parent Notified by Phone | | | |
| Wrist | Toes | Note to Parent | | | |
| | | Nurse Notified | | | |
| | | Taken Home by: | | | |
| Comments/Remarks: _____ | | | | | |
| _____ | | | | | |
| _____ | | | | | |
| _____ | | | | | |
| _____ | | | | | |
| _____ | | | | | |