

Huron Intermediate School District Policy # 00533-201010 STUDENT/VISITOR INJURY REPORT – FORM 2C

Injured Person's Name: _____ Male Female

Address: _____ Phone #: _____

City/State/Zip: _____ Birth Date: _____

Injured is a: visitor student If visitor, state purpose of visit: _____
If student, parent name: _____

Date of injury: _____ Time: _____ a.m. p.m.

Occurred at: Huron Technical Center Huron Learning Center HISD Admin. Transition building
 PREP building Storage shed Other _____

Nature of injury:

- Scratch
- Fracture
- Bruise
- Burn
- Dislocation
- Other _____
- Head injury
- Sprain/strain
- Cut/puncture
- Bite
- *Blood exposure

Place of injury:

- Classroom
- Hallway
- Bathroom
- Cafeteria
- Athletic field
- Other _____
- Gymnasium
- Parking lot
- Sidewalk
- Playground
- Office

Body part injured:

- Left
- Ankle
- Arm
- Back
- Neck
- Eye
- Head
- Right
- Foot
- Face
- Finger
- Hand
- Knee
- Other _____
- Leg
- Nose
- Teeth
- Wrist
- Shoulder

*If blood exposure, complete exposure worksheet

How did the injury occur? (List basic facts chronologically. Give factual detail. Use back of form if needed.)

Describe any conditions that appeared to contribute to the injury or exposure (i.e. wet floor, horseplay, etc.):

What safety devices were/were not in use?

List names of witnesses:

Name _____ Phone _____ Name _____ Phone _____

Injured person was: sent back to program sent home sent to physician sent to hospital

Medical treatment:

- No medical treatment needed
- Medical treatment declined
- First Aid given
- First Aid given; advised to seek further medical treatment
- First Aid given; transported to ER via school vehicle
- First Aid given; ambulance service called

Describe first aid given:

Information for this form obtained from: Injured person Witnesses

Report prepared by: _____ Title _____ Date _____

Building Supervisor Signature / Date _____

Office Use Only: Claim/RPO# and Date Entered: _____