



District #553 Staff Injury Report Form

Staff Name \_\_\_\_\_ M( ) F( )

Date of Injury \_\_\_\_\_ Time of Injury \_\_\_\_\_

Please report injuries immediately as some claims must be filed with the Department of Labor within 48 hours. Superintendent or Business Manager must be notified and must sign this form.

First Aid Given: \_\_\_ Ice \_\_\_ Wound Care \_\_\_ Kept immobile \_\_\_ Stopped bleeding \_\_\_ Applied splint/dressing \_\_\_ Observed \_\_\_ Other \_\_\_\_\_

Body part injured:

- \_\_\_ Ear \_\_\_ Abdomen \_\_\_ Ankle \_\_\_ Lower Arm \_\_\_ Eye \_\_\_ Back
\_\_\_ Elbow \_\_\_ Lower Leg \_\_\_ Face \_\_\_ Chest \_\_\_ Finger \_\_\_ Thumb
\_\_\_ Head \_\_\_ Groin \_\_\_ Foot \_\_\_ Toe \_\_\_ Neck \_\_\_ Shoulder
\_\_\_ Hand \_\_\_ Upper Arm \_\_\_ Scalp \_\_\_ Trunk \_\_\_ Knee \_\_\_ Upper Leg
\_\_\_ Hip \_\_\_ Wrist

Type of injury suspected:

- \_\_\_ Laceration/Abrasion \_\_\_ Bruise/Contusion \_\_\_ Sprain/Strain \_\_\_ Dislocation
\_\_\_ Fracture \_\_\_ Concussion \_\_\_ Scratch \_\_\_ Burn \_\_\_ Other: \_\_\_\_\_

Action taken: \_\_\_ Called 911 \_\_\_ Taken to the Clinic Other: \_\_\_\_\_

Explanation of injury:

\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

Accident location: \_\_\_ Classroom \_\_\_ Stairs \_\_\_ Gym \_\_\_ Hallway \_\_\_ Outside
\_\_\_ Bus \_\_\_ Other: \_\_\_\_\_ Equipment: \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_ Signed \_\_\_\_\_ Date \_\_\_\_\_
(Person filing report) (Principal or supervisor)

Signed \_\_\_\_\_ Date \_\_\_\_\_
(Superintendent or Business Manager)