



## NYM District #553 Student Injury Report Form

Student Name \_\_\_\_\_ Grade \_\_\_\_\_ M( ) F( )  
Date of Injury \_\_\_\_\_ Time of Injury \_\_\_\_\_  
School \_\_\_\_\_ Days Absent \_\_\_\_\_

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

**Body part injured:**

<input type="checkbox"/> Ear	<input type="checkbox"/> Abdomen	<input type="checkbox"/> Ankle	<input type="checkbox"/> Lower Arm	<input type="checkbox"/> Eye	<input type="checkbox"/> Back
<input type="checkbox"/> Elbow	<input type="checkbox"/> Lower Leg	<input type="checkbox"/> Face	<input type="checkbox"/> Chest	<input type="checkbox"/> Finger	<input type="checkbox"/> Thumb
<input type="checkbox"/> Head	<input type="checkbox"/> Groin	<input type="checkbox"/> Foot	<input type="checkbox"/> Toe	<input type="checkbox"/> Neck	<input type="checkbox"/> Shoulder
<input type="checkbox"/> Hand	<input type="checkbox"/> Upper Arm	<input type="checkbox"/> Scalp	<input type="checkbox"/> Trunk	<input type="checkbox"/> Knee	<input type="checkbox"/> Upper Leg
<input type="checkbox"/> Hip	<input type="checkbox"/> Wrist				

**Type of injury suspected:**

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

**Action taken:**  Parent took home  Parent notified  Called 911  Taken to the Clinic  
 Returned to class  Other: \_\_\_\_\_

**Explanation of injury:**  Collision with person/obstacle  injury to self  Hit with object  fall

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

**Describe specifically how the injury happened:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Were school personnel present  yes  no  unknown

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