

## **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

Name		Date of incident	
Date of birth	Grade	<input type="checkbox"/> Male <input type="checkbox"/> Female	Time of incident

## Parent/guardian information

Name(s)		Work phone (      )	
Address		Home phone (      )	
City	State	ZIP	Cell phone (      )

## School information

School	Phone (      )
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## Location of incident check appropriate box

- Athletic field    Cafeteria    Gymnasium    Parking lot    Restroom    Vocation shop/lab  
 Bus    Classroom    Hallway    Playground    Stairway  
 Other *explain*

## Time of incident check appropriate box

- Recess    Lunch    P.E. class    In class (not P.E.)    Class change    Field trip  
 Before school    After school    Unknown  
 Other *explain*

### 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

	Head	Eye	Ear	Nose	Mouth/lips	Tooth/teeth	Jaw	Chin	Neck/throat	Collarbone	Shoulder	Upper arm	Elbow	Forearm	Wrist	Hand	Finger	Fingernail	Chest/ribs	Back	Abdomen	Groin	Genitals	Pelvis/hip	Leg	Knee	Ankle	Foot	Toe
Abrasion/scrape																													
Bite																													
Bump/swelling																													
Bruise																													
Burn/scald																													
Cut/laceration																													
Dislocation																													
Fracture																													
Pain/tenderness																													
Puncture																													
Sprain																													
Other																													

**Contributing factors** *check all that apply*

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

**Description of the incident**

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**Witnesses to the incident**

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**Staff involved** *check all that apply*

- |  |  |                                    |                                    |   |
|--|--|------------------------------------|------------------------------------|---|
| <input type="checkbox"/> Assistant staff | <input type="checkbox"/> Cafeteria staff | <input type="checkbox"/> Nurse     | <input type="checkbox"/> Secretary | <input type="checkbox"/> Other <i>specify</i> |
| <input type="checkbox"/> Bus driver      | <input type="checkbox"/> Custodian       | <input type="checkbox"/> Principal | <input type="checkbox"/> Teacher   |   |

**Incident response** *check all that apply*

<input type="checkbox"/> First Aid	Time	By whom	
<input type="checkbox"/> Called 911	Time	By whom	
<input type="checkbox"/> Parent/guardian notified	Time	By whom	
<input type="checkbox"/> Unable to contact parent/guardian	Time	By whom	
<input type="checkbox"/> Parents deemed no medical action necessary	<input type="checkbox"/> Returned to class	<input type="checkbox"/> Sent/taken home	Days of school missed
<input type="checkbox"/> Taken to health care provider / clinic/hospital/urgent care	Diagnosis		Days of school missed
<input type="checkbox"/> Hospitalized	Diagnosis		Days of school missed
<input type="checkbox"/> Restricted school activity	Explain	Length of time restricted	Days of school missed
<input type="checkbox"/> Other <i>explain</i>			

Describe care provided to the student

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Additional comments

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Signature of staff member completing form	Date/time
Nurse's signature	Date/time
Principal's signature	Date/time