Ohio Department of Health

Student Injury Report

Student information

Name			Date of incident
Date of birth	Grade	☐ Male ☐ Female	Time of incident

Parent/guardian information

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

School information

School	Phone ( )

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*

☐ Animal bite	☐ Compression/pinch	☐ Fall	☐ Overextension/twisted	☐ Struck by object (bat, swing, etc.)
☐ Collision with object	☐ Contact with hot or toxic substance	☐ Foreign body/object	☐ Physical Altercation	☐ Tripped/slipped
☐ Collision with person	☐ Drug, alcohol or other substance involved	☐ Hit with thrown object	☐ Struck by auto, bike, etc.	

☐ Weapon *specify*	☐ Other *explain*

Description of the incident

Witnesses to the incident

Staff involved *check all that apply*

☐ Assistant staff	☐ Cafeteria staff	☐ Nurse	☐ Secretary	☐ Other *specify*
☐ Bus driver	☐ Custodian	☐ Principal	☐ Teacher	

Incident response *check all that apply*

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

Describe care provided to the student

Additional comments

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