

TRI-COUNTY SPECIAL EDUCATION DISTRICT

STUDENT INCIDENT AND INJURY REPORT

Name: \_\_\_\_\_

Date and Time of Incident/Injury: \_\_\_\_\_

Date and Time Reported to School Nurse or Supervisor: \_\_\_\_\_ A.M. P.M.

Report prepared by (name and title): \_\_\_\_\_

PLEASE CHECK ONE OR MORE ITEMS IN EACH SECTION BELOW:

Type of Injury

- 1. Scratch
- 2. Abrasion
- 3. Laceration
- 4. Bruise
- 5. Bite
- 6. Swelling
- 7. Other (describe) \_\_\_\_\_

Body Parts Injured

- Head or face
- Mouth or teeth
- Hands or arms
- Feet and legs
- Other \_\_\_\_\_
- Neck or chest
- Abdominal area
- Back or buttocks
- Genitals

Place of Occurrence

- Classroom
- Bathroom
- Stairs
- Lunchroom
- P.E.
- Other \_\_\_\_\_
- Vocational area
- Community
- Unknown
- Present upon arrival at school

Apparent cause of injury: \_\_\_\_\_

Names of witnesses: \_\_\_\_\_

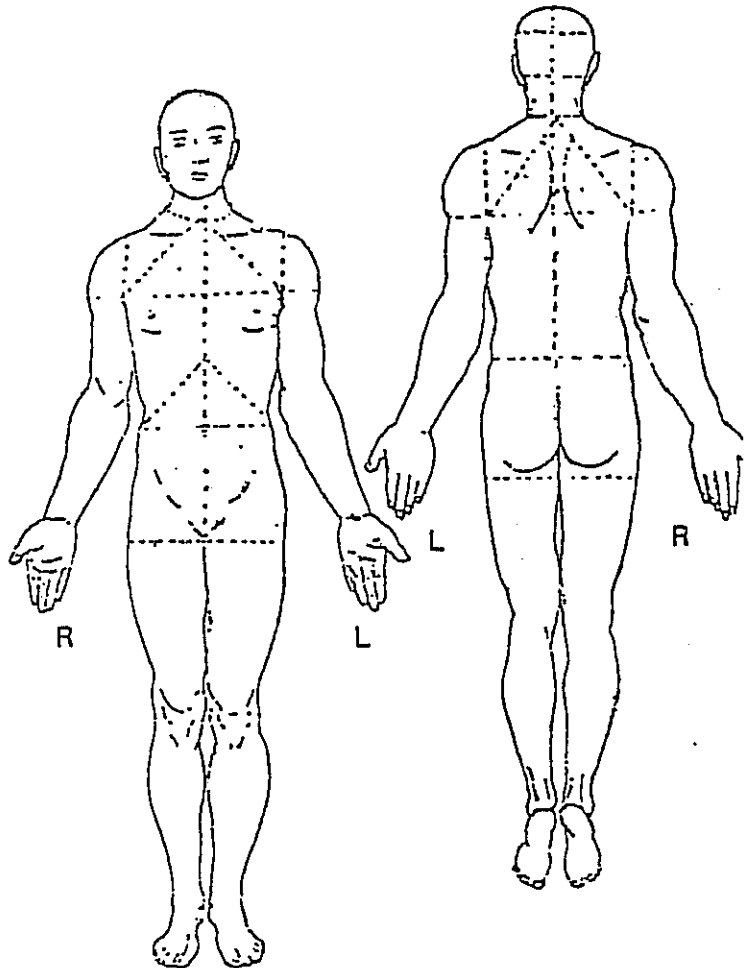
Extent of Injury: \_\_\_\_\_

Treatment: \_\_\_\_\_

Date \_\_\_\_\_ Time \_\_\_\_\_  
Parents notified by \_\_\_\_\_ copy \_\_\_\_\_ phone \_\_\_\_\_

Signature of Nurse or Supervisor \_\_\_\_\_ Date \_\_\_\_\_

Comments: \_\_\_\_\_



INSTRUCTIONS: print out blank form, complete and sign, make 2 copies (1 for parent, 1 for nurse.) TEACHER KEEPS ORIGINAL FOR STUDENT'S FILE.

Use RED INK to mark on figures any bruises, cuts, scratches, marks, etc. as soon as discovered.