**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 \( \frac{1}{2} \) 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

<table>
<thead>
<tr>
<th>Name</th>
<th>Date of incident</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date of birth</th>
<th>Grade</th>
<th>□ Male □ Female</th>
<th>Time of incident</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Parent/Guardian Information

<table>
<thead>
<tr>
<th>Name(s)</th>
<th>Work phone</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(          )</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address</th>
<th>Home phone</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(          )</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>ZIP</th>
<th>Cell phone</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### School Information

<table>
<thead>
<tr>
<th>School</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(     )</td>
</tr>
</tbody>
</table>

### Location of Incident

- [ ] Athletic field
- [ ] Cafeteria
- [ ] Gymnasium
- [ ] Parking lot
- [ ] Restroom
- [ ] Vocation shop/lab
- [ ] Bus
- [ ] Classroom
- [ ] Hallway
- [ ] Playground
- [ ] Stairway
- [ ] Other (explain)

### Time of Incident

- [ ] 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

- [ ] 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

- [ ] Abrasion/scrape
- [ ] Bite
- [ ] Bump/swelling
- [ ] Bruise
- [ ] Burn/scald
- [ ] Cut/laceration
- [ ] Dislocation
- [ ] Fracture
- [ ] Pain/tenderness
- [ ] Puncture
- [ ] Sprain
- [ ] Other

### Table

| Body Part | Head | Eye | Ear | Nose | Mouth/lips | Tooth/teeth | Jaw | Chin | Neck/shoulder | Collarbone | Shoulder | Upper arm | Elbow | Forearm | Wrist | Hand | Finger | Fingernail | Chest/ribs | Back | Abdomen | Groin | Genitals | Pelvis/hip | Pubis/ | Leg | Knee | Ankle | Foot | Toe |
|-----------|-----|-----|-----|------|------------|-------------|-----|-----|--------------|------------|----------|----------|-------|--------|-------|------|--------|-----------|-----------|------|---------|-------|---------|-----------|-------|-----|-------|-------|------|-----|-----|
|           |     |     |     |      |            |             |     |     |              |            |          |          |       |        |       |      |        |            |           |      |         |       |         |           |       |     |       |       |      |     |     |

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## 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.
- Other

## Description of the incident

____________________________________________________

____________________________________________________

____________________________________________________

## Witnesses to the incident

____________________________________________________

____________________________________________________

## Staff involved

Check all that apply:

- Assistant staff
- Cafeteria staff
- Nurse
- Secretary
- Bus driver
- Custodian
- Principal
- Teacher
- Other

## Incident response

Check all that apply:

- First Aid
- Called 911
- Parent/guardian notified
- Unable to contact parent/guardian
- 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
- Hospitalized
- Restricted school activity
- Other

## Days of school missed

- Medical action necessary
- Diagnosis
- Explain
- Length of time restricted
- Days of school missed

## Describe care provided to the student

____________________________________________________

____________________________________________________

____________________________________________________

## Additional comments

____________________________________________________

____________________________________________________

____________________________________________________

## Signature of staff member completing form

Signature of staff member completing form Date/time

Nurse's signature Date/time

Principal's signature Date/time