STUDENT INJURY REPORT FORM
UTAH DEPARTMENT OF HEALTH
VIOLENCE & INJURY PREVENTION PROGRAM

This form is to be completed immediately following the occurrence of any injury that is severe enough to: (a) cause the loss of one-half day or more of school, (b) warrant medical attention and treatment (i.e. school nurse, M.D., E.R., etc.) and/or require reporting according to School District policy. Additional instructions on back.

1. Child's Name ____________________________
2. Parent's Name ____________________________
3. District Name ____________________________
4. School Name ____________________________

5. Date of Birth _______ _______ ______
6. Grade________
7. Time of Injury _______ _______ ______
8. Date of Injury _______ _______ ______
9. ( ) Male ( ) Female
10. Fatal ( ) Yes ( ) No

11. DAYS ABSENT: Record letter of the DAYS absent from school related to this injury in box at left. If no absence, record letter "a".

a) Less than 1/2 b) 1/2 c) 1 d) 1 1/2 - 2 e) 2 1/2 - 3 f) If more than 3 days, then specify 

12. ACTION TAKEN: PLEASE CHECK AND COMPLETE ALL THAT APPLY

 1. ☐ First aid administered
 2. ☐ Parent or guardian notified
 3. ☐ Unable to contact parent/guardian
 4. ☐ Remained in or returned to class
 5. ☐ Sent/taken home
 6. ☐ Parents deemed no medical action necessary
 7. ☐ Checked by school nurse
 8. ☐ Checked by EMT on staff
 9. ☐ Called 911
 10. ☐ Seen by M.D./E.R./health care provider/hospital/etc. Diagnosis:
 11. ☐ Hospitalized
 12. ☐ Restricted school activity
 13. ☐ Other-Specify

13. NATURE OF INJURY: List the injuries/symptoms incurred. (Record # in boxes at left.)

 1. Abrasion/Scrape
 2. Bump/Bruse/Contusion
 3. Burn/Scald
 4. Concussion (possible)
 5. Cut/Laceration
 6. Dislocation (possible)
 7. Fracture/Broken (possible)
 8. Loss of Consciousness
 9. No Pulse/Heartbeat
 10. Overexertion/Twisted
 11. Pain/Tenderness Only
 12. Puncture
 13. Shortness of Breath
 14. Sprain/Strain/Tear
 15. Swelling/Inflammation
 16. Other

14. AREA AFFECTED: List area affected for each injury/symptom code listed in 13 above. (Record # in boxes at left.)

 1. Chin/Cheek
 2. Ear
 3. Eye
 4. Forehead
 5. Mouth/Tongue/Lip
 6. Neck/Throat
 7. Nose
 8. Head
 9. Tooth/Teeth
 10. Stomach
 11. Back
 12. Buttocks
 13. Chest/Ribs
 14. Collarbones
 15. Elbow
 16. Finger/Thumb
 17. Foot
 18. Shoulder
 19. Hip
 20. Arm
 21. Elbow
 22. Knee
 23. Other

15. CONTRIBUTING FACTOR: List factor which may have led to the injury. (Record # in box at left.)

 1. Animal bite (dog bite etc.)
 2. Collision with object or person
 3. Compression/Pinch
 4. Contact with equipment (shop, P.E.)
 5. Contact with fire, hot liquid or hot object
 6. Drug, alcohol or other substance
 7. Fall
 8. Field trip
 9. Fire
 10. Overexertion/Twisted
 11. Seizure disorder

16. PERIOD: List period during which injury occurred. (Record # in box at left.)

 1. After school
 2. Assembly
 3. Athletic event (team competition)
 4. Athletic practice session
 5. Before school
 6. Classroom
 7. Class time (exclude PE)
 8. Field trip
 9. Lunch
 10. Lunch recess
 11. P.E. class
 12. Recreational activities

17. SURFACE: List surface on which injury occurred. (Record # in box at left.)

 1. Blacktop
 2. Carpet
 3. Concrete
 4. Dirt
 5. Gravel
 6. Ice/Snow
 7. Lawn/Grass
 8. Mats
 9. Sand
 10. Synthetic surface
 11. Tile
 12. Wood/waxed
 13. Other
 14. Foam/Wood Chips

18. LOCATION: List location at which injury occurred. (Record # in box at left.)

 1. Athletic field
 2. Auditorium/Multipurpose
 3. Bus boarding area
 4. Classroom
 5. Corridor/Hall (exclude stairs)
 6. Doorway
 7. Gymnasium
 8. Lab (Home Ec., Chem, etc.)
 9. Lunchroom/Kitchen
 10. Playground/Playfield
 11. School bus/Public bus
 12. Shop (Industrial Arts, etc.)
 13. Sidewalk/Stairs/Ramp
 14. Street/Driveway/Parking Area
 15. Restroom/Lavatory
 16. Other

19. ACTIVITY: List activity during which injury occurred. (Record # in box at left.)

 1. Baseball/Softball
 2. Basketball
 3. Bicycling
 4. Blacktop
 5. Carpet
 6. Concrete
 7. Fighting
 8. Flag/Touch football
 9. Football
 10. Gymnastics/Tumbling
 11. Jumping
 12. Kickball
 13. Playing on bars
 14. Riding
 15. Running
 16. Rough housing
 17. Setting up/Moving equipment
 18. Sliding
 19. Snowboarding
 20. Sitting
 21. Soccer
 22. Standing
 23. Swing
 24. Throwing rocks
 25. Track and field
 26. Volleyball
 27. Walking
 28. Wrestling
 29. Other

20. EQUIPMENT: Was equipment or apparatus involved in injury?

☐ Yes ☐ No

(a) Did equipment appear to be used appropriately?

☐ Yes ☐ No

(b) Was there any apparent malfunction of equipment?

☐ Yes ☐ No

21. DESCRIPTION: Describe specifically how the injury happened:

___________________________________________________________

___________________________________________________________

Signature of Person Making Report ____________________________

Principal's Signature ____________________________