Student Injury Report

*Sonoma County Office of Education* Date of Report:

|  |  |
| --- | --- |
| Student’s Name:      | Date of Birth:      |
| School/Site:      | Date of Event:      |
| Event Time:       | Was this an accident?[ ]  Yes [ ]  No | Location on Site Injury Took Place:      |
| Name(s) of any adult witnesses:      |
| Was an Event Report completed? [ ]  Yes [ ]  No (If yes, please attach) | Was a Behavioral Emergency Intervention completed? [ ]  Yes [ ]  No (If yes, please attach) |
| Reported By:      | Site Phone Number:      |

Nature of Injury (Please select the corresponding box to the left of the injury nature)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| [ ]  | Abrasion | [ ]  | Asphyxiation | [ ]  | Bite |
| [ ]  | Break/Fracture | [ ]  | Bruise | [ ]  | Burn |
| [ ]  | Concussion | [ ]  | Cut | [ ]  | Dislocation |
| [ ]  | Poisoning | [ ]  | Puncture | [ ]  | Scratch |
| [ ]  | Sprain |  |  |  |  |
| [ ]  | Other (specify):      |

Part of Body Injured (If applicable, please select corresponding boxes to the left of the body part)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| [ ]  | Abdomen | [ ]  | Ankle | [ ]  | Arm |
| [ ]  | Back | [ ]  | Chest | [ ]  | Ear |
| [ ]  | Elbow | [ ]  | Eye | [ ]  | Face |
| [ ]  | Finger | [ ]  | Foot | [ ]  | Hand |
| [ ]  | Head | [ ]  | Knee | [ ]  | Leg |
| [ ]  | Mouth | [ ]  | Nose | [ ]  | Scalp |
| [ ]  | Tooth | [ ]  | Wrist |  |  |
| [ ]  | Other (specify):       |
| Which side is the injury located on: [ ] Left/Front [ ] Left/Back [ ] Right/Front [ ] Right/Back  |

**Please indicate the site of injury before submitting report**

Student Name:

Description of what took place

|  |
| --- |
|       |

Care/Treatment Given

|  |
| --- |
|       |

Suggested action to prevent this type of injury in the future

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| --- |
|       |

Disposition of Student (Please select the corresponding box to the left of the disposition)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| [ ]  | Returned to class | [ ]  | Home | [ ]  | Hospital |
| [ ]  | Emergency Transportation | [ ]  | Doctor | [ ]  | Suspension |
| [ ]  | Other (specify):       |
| Student released to (name and title):       |

Notifications Made

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Position | Date | Time | By (initials) | Method of Contact  |
| Site Administrator |       |       |       |  |
| Parent/Guardian |       |       |       |  |
| Care Provider |       |       |       |  |
| Nurse |       |       |       |  |
| Teacher |       |       |       |  |
| Assistant |       |       |       |  |
| Law Enforcement |       |       |       |  |
| Other (specify):       |       |       |       |  |

Additional Comments

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| --- |
|       |

Please Sign and Date

|  |  |
| --- | --- |
|  |  |
| Employee: | Date: |
|  |  |
| Principal/Designee: | Date: |

If there are any questions regarding this event please contact the following  and ask to speak with the School Office Coordinator.