

**East Guernsey Local School District  
Student Injury Report**

**Student Name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Date of Injury:** \_\_\_\_\_ **Time of Injury:** \_\_\_\_\_ AM or PM

**Parent/Guardian Information:**

**Names:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_

\_\_\_\_\_

**Address:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ **Work Phone:** \_\_\_\_\_

\_\_\_\_\_

**Witnesses:**

**Name:**

\_\_\_\_\_

**Name:**

\_\_\_\_\_

**Name:**

\_\_\_\_\_

**Exact Location Injury Occurred:**

\_\_\_\_\_

**Describe the circumstances causing the injury:**

\_\_\_\_\_

\_\_\_\_\_

-

\_\_\_\_\_

-

\_\_\_\_\_

-

**Contributing Factors (check all that apply):**

- Fall     Overextension/twisted     Struck by an object     Collision w/ object  
 Physical altercation     Tripped/slipped     Hit w/ thrown object  
 Collision w/ person     Drug, alcohol, or other substance involved  
 Contact w/ hot or toxic substance     Faulty equipment  
 Other: (Describe)

\_\_\_\_\_

**Nature of Injury:**

- Head     Trunk (body)     Neck     Abdomen     Chest  
 Groin     Back     Skin     Hand(s)     Shoulder(s)  
 Eye(s)     Arm(s)     Wrist(s)     Finger(s)     Hip(s)  
 Ankle(s)     Foot/Feet     Toe(s)

\_\_\_\_\_

Other:(Describe) \_\_\_\_\_

**Medical Treatment:**

- No Treatment     First Aid     Parent /guardian notified  
 Called 911     Taken to health care center (  by parent     by squad)  
 Hospitalized    Diagnosis:

\_\_\_\_\_

# of days missed school: \_\_\_\_\_

**Describe Care Provided to the Student:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

---

---

---

**Additional Comments:**

---

---

---

---

---

Staff member Signature: \_\_\_\_\_ Date & Time:

---

Nurse Signature: \_\_\_\_\_ Date & Time:

---

Principal Signature: \_\_\_\_\_ Date & Time:

---