Florida Department of Health
Student Injury Report

Student information

Name		Date of incident
Date of birth	Grade Male Female	Time of incident

Parent/guardian information

Name(s)	Work phone ( )
Address	Home phone ( )
City State ZIP	Cell phone ( )

School information

School	Phone ( )

Location of incident *circle one*

Athletic field	Cafeteria	Gymnasium	Parking lot	Restroom	Vocation shop/lab
Bus	Classroom	Hallway	Playground	Stairway	

Other *explain*

Time of incident *circle one*

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 *circle all that apply*

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 *check all that apply*

	Head	Eye	Ear	Nose	Mouth/lips	Tooth/teeth	Jaw	Chin	Neck/throat	Collarbone	Shoulder	Upper arm	Elbow	Forearm	Wrist	Hand	Finger	Fingernail	Chest/ribs	Back	Abdomen	Groin	Genitals	Pelvis/hip	Leg	Knee	Ankle	Foot	Toe
Abrasion/scrape																													
Bite																													
Bump/swelling																													
Bruise																													
Burn/scald																													
Cut/laceration																													
Dislocation																													
Fracture																													
Pain/tenderness																													
Puncture																													
Sprain																													
Other																													

Contributing factors *circle 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.	

Weapon *specify*	Other *explain*

Description of the incident

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_____

_____

_____

Witnesses to the incident

_____

_____

Staff involved *circle all that apply*

Assistant staff	Cafeteria staff	Nurse	Secretary	Other *specify*
Bus driver	Custodian	Principal	Teacher	

Incident response *circle all that apply*

First Aid	Time	By whom		
Called 911	Time	By whom		
Parent/guardian notified	Time	By whom		
Unable to contact parent/guardian	Time	By whom		
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	Diagnosis			Days of school missed
Hospitalized	Diagnosis			Days of school missed
Restricted school activity	Explain		Length of time restricted	Days of school missed
Other *explain*				

Describe care provided to the student

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_____

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Additional comments

_____

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Signature of staff member completing form	Date/time
Nurse's signature	Date/time
Principal's signature	Date/time